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PARLIAMENT OF TASMANIA.

DEPARTMENT OF HEALTH SERVICES

REPORT FOR THE YEAR ENDED 30TH JUNE, 1960.

Presented to both Houses of Parliament by His Excellency's Command.

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Report of the Department of Health Services for the Year Ended 30th June, 1960

Department of Health Services,
Hobart, 21st October, 1960.

The Hon. the Minister for Health.

SIR,

I have the honour to present the Report of the Department of Health Services for the period 1st July, 1959, to 30th June, 1960.

LEGISLATION.

During the year the following legislation, concerned with the Department of Health Services, was enacted:—

The Ambulance Act, 1959.
The Dangerous Drugs Act, 1959.
The Health Services Act, 1960.
The Medical Act, 1959.
The Pharmacy Amendment Act, 1959.
The Tuberculosis Amendment Act, 1960.

The object of the Health Services Act is to remove direct statutory powers from officers of the Public Service and place all statutory powers in the hands of the Minister for Health. In order to facilitate the administration of the legislation as far as the regulatory functions are concerned, the legislation will enable the Minister to delegate any of the statutory powers he receives.

During the year, the Department was concerned also with the preparation of an amendment to the Hospitals Act.

DEPARTMENTAL REVENUE.

The revenue for the year amounted to £407,525, which was £6625 less than that for 1958-59. Comparative receipts were—

	1958-59 £	1959-60 £
Health Rates	2,191	....
Mothercraft Home	5,586	4,979
District Nursing	11,489	12,473
Government Analyst	1,065	1,250
Nurses' Registration Fees	755	781
Pharmaceutical Benefits	91,551	116,793
Nelumie Home	947	1,360
Other Fees and Licences	1,358	1,116
Red Cross Blood Transfusion	4,831	4,925
Poliomyelitis Injections	6,995	2,327
Sub-Total	£126,768	£146,004
Lachlan Park Hospital	12,279	8,906
Millbrook Psychopathic Home	14,757	13,992
Government Institution for Defectives	4,903	4,234
Lachlan Park Farm Suspense	5,761	6,314
St. John's Park	73,303	75,863
Chest Hospitals	176,379	152,212
	£414,150	£407,525
Other Receipts—		
Land Sales and Rentals	771	1,150
Other Sources	838	302
Refund of Bursaries	1,463	1,564
	£3,072	£3,016

DEPARTMENTAL EXPENDITURE.

The expenditure for the year from the Appropriation Act was £3,282,588, which was an increase of £239,087 over 1958-59. Comparative costs were—

	1958-59 £	1959-60 £
Administration		74,266
Hospital and Medical Services		54,197
National Fitness	144,117	9,668
Nurses' Registration Board		1,015
Public Health Division		36,131
District Nursing	69,243	70,879
Medical Services—Country Districts	42,161	43,032
School Medical Service	77,357	23,848
School Dental Service		54,656
Child Health Service	65,186	50,326
Mothercraft Home		23,214
Government Analyst	18,375	17,674
Grants to Hospitals	1,619,406	1,725,499
Other Grants	67,405	73,597
Tuberculosis Division	59,147	65,620
Chest Hospitals	138,580	150,436
Mental Health	26,925	20,325
Nelumie Home		6,538
Lachlan Park Hospital and Millbrook Home	463,389	496,954
St. John's Park	252,210	284,713
	£3,043,501	£3,282,588

BUILDING PROGRAMME.

The gross expenditure for the year from Loan Funds was £1,100,912. Of this amount £67,847 was refunded to the Treasury under the State Grants (Mental Institutions) Act 1955. Sundry refunds, amounting to £10,116, were also received,

leaving a nett expenditure of £1,022,949. Important works completed or substantially completed during the year include:—

Beaconsfield District Hospital—New kitchen and boiler.
Campbell Town District Hospital—New operating theatre.
Campbell Town District Hospital—New kitchen and boiler.
Campbell Town District Hospital—Extension to Nurses' Home.
King Island District Hospital—Staff accommodation.
King Island District Hospital—Old Folks Wards.
Queen Alexandra Hospital—Remodelling nurseries.
Queen Victoria Hospital—Purchase of 11 High-st.
Queen Victoria Hospital—Discharge of mortgage.
Rosebery District Hospital—New Hospital.
Rosebery District Hospital—Medical Officer's Surgery.
St. Lukes Private Hospital—Loan for alteration.
Central Medical Stores.
St. John's Park—Residence for tutor.
District Nursing Centre—Waratah.
Child Health Centre—Bothwell, Upper Burnie, Campbell Town, Chigwell, North Devonport, Invermay, Kings Meadows, Mayfield, Montello, Sheffield, Taroona, West Ulverstone, Warrane.

Works in Progress include:—

Launceston General Hospital—Amenities and Trades Block; Hostel for Peter MacCallum Clinic.
Mersey General Hospital—New General Hospital; Services Block and site works; New Nurses' Home; New Maternity Division.
North-eastern Soldiers' Memorial Hospital—Drainage and sewerage.
New Norfolk District Hospital—Purchase of site.
Royal Hobart Hospital—New Out-Patients Department.
Smithton District Hospital—New Nurses' Home.
St. John's Park—Male Mental Defectives Ward; New Women's Block; Boiler House; Sunshine Chalets, Carlton.
Lachlan Park Hospital—New Nurses' Home; Boiler house and steam lines; Roadways; New Mortuary.

Official Openings.

The following new constructions were officially opened during the year:—

New Hospital and Consulting Rooms, Rosebery.
Sun Rooms, St. John's Park.
Handcraft Section, St. John's Park.

The new hospital at Rosebery, which was officially opened by the Minister for Health in February, 1960, has conferred an increased benefit on this isolated community of the West Coast. Its predecessor was originally a bush nursing hospital of five beds. This eventually was converted into a small district hospital, but it was recognised by the Department that it was wholly inadequate for the work demanded of it. Therefore, as soon as funds became available a new hospital was erected. Apart from the greatly increased efficiency of the hospital service which it confers on the community is the added one of providing an incentive for a medical officer to remain in the town. To add still further to the efficiency of the medical service of this important community, the Department constructed new consulting rooms in the township for the doctor. These two new projects will provide a service commensurate with the importance of this area.

The provision of sun rooms to the Women's Hospital of St. John's Park has enabled a much desired principle to be effected. This is to keep old people on their feet as long as possible and to avoid their becoming totally bedridden. Instead of their having to lie in bed all day, sometimes quite unnecessarily, because of there being no other alternative, quite a few cases can now spend more time up and about than in bed. Apart from this clinical advantage is the pleasure and content that these comfortable and pleasantly furnished rooms bring.

The opening of the Handcraft Section at the same time marked the beginning of a new activity for the old people. A year or so ago, endeavours were made by the Department to find congenial part-time or piece work for the old people at St. John's Park, without success. It was decided, therefore, to institute a Handcraft Centre as an alternative. This enterprise has proved a very great boon and has been extremely popular, so much so that early enlargement will have to be contemplated. Both these projects were opened by the Minister for Health in July, 1959.

In addition to these new projects which have been completed, the Minister for Health in May, 1960, laid the foundation stone for the new Women's Hospital Wing at St. John's Park and also for the Amenities Block at Launceston General Hospital. Both these projects are under way, and it is hoped that both will be completed in time for inclusion in next year's annual report.

Another new enterprise will shortly come into operation with the completion, equipping and staffing of the new Central Medical Stores at Hobart. I hope to be able to give details of this project in next year's report.

Patients' Hostel, Launceston.

Bearing in mind that patients from country districts, requiring deep X-ray therapy at the Peter MacCallum Clinic at Launceston, necessarily have to stay in Launceston during the course of treatment, it was recognised that some sort of accommodation facilities should be contrived for them. Quite frequently the course of treatment requires attendance for a short time on varying numbers of occasions over a period of a week or so. In between these attendances, there is no necessity for the patient to stay in bed. It was, therefore, decided to provide hostel accommodation close to the hospital for such people at a moderate charge. This has been secured for them by the purchase of property in Charles-street, for which a tender was let in April, for conversion for use as a hostel. This, I feel sure, will prove to be a very great boon.

North-west Coast—Specialist Services.

In pursuance of departmental policy, which is to provide adequate medical services for the communities along the North-west Coast, additional Specialist appointments have been created. Two of these new appointments have been filled, viz—that of Surgeon and that of Physician. The remaining ones are those of (*a*) Radiologist and (*b*) Pathologist. Although there has been delay in being able to fill these appointments, it is hoped that the Public Service Tribunal will effect changes in rates of pay sufficient to attract applicants. The new posts of Radiologist and Pathologist are Public Service appointments. Negotiations are also going forward with a view to creating the appointment of an additional Anaesthetist.

Future Projects.

Planning for the provision of a new hospital at Ulverstone and extensive enlargements of the Burnie General Hospital and the Queen Victoria Hospital, Launceston, are in an active stage. Every effort is being made to effect the early commencement of these projects.

Land at New Norfolk and at Huonville is in the final stages of acquisition. It is hoped to erect new hospitals on these sites in the near future.

Similarly, remoter future planning has not been lost sight of and active measures are being taken to secure adequate sites for future hospitals. Although no immediate necessity for these can be foreseen at present, the Department's policy is to secure adequate land in developing areas, so that any future hospital can be built in the centre of such areas and not as an afterthought on the perimeter.

Royal Flying Doctor Service.

In November, 1959, at the request of the Hon. the Minister for Health, the Federal Council of the Royal Flying Doctor Service sent their Hon. Secretary, Dr. George Simpson, O.B.E., to Tasmania to conduct a survey for consideration by the Council of establishing a Tasmanian Section of the Service.

As a result of Dr. Simpson's survey, the Federal Council agreed that Tasmania would be accepted if they could form a Section. On 16th March, 1960, the Mayor of Launceston, Alderman White, called a public meeting in Launceston and a large gathering attended. It was agreed to appoint a Provisional Council and from the Provisional Council a Steering Committee. The Steering Committee has met on several occasions and, on 30th June, expected to have Articles and Memorandum of Association registered and to commence operations within three months.

This service will replace the Aerial Service which has been provided by the Department with the co-operation of the Northern and Southern Flying Clubs. The Department is pleased indeed to know that the famous " Mantle of Safety " of the Royal Flying Doctor Service will be spread over the people of Tasmania living in remote and inaccessible places.

Hospital Auxiliaries.

The increased value and amount of work which is being given to the hospitals in this State by the various Auxiliaries is acknowledged with sincere appreciation and very great gratitude. The gifts purchased with funds raised by the Auxiliaries give great comfort and pleasure. Of the greatest value, however, is the sympathy which is evidenced by Auxiliary work. The Department is most grateful for the very great help that these Auxiliaries' activities bring in the service of the sick.

Holiday Homes, Carlton Beach.

The Department also has recognised with grateful thanks the enterprise of the Superintendent of St. John's Park in conceiving the idea of providing holiday chalets to enable the old people at St. John's Park to have a holiday by the sea. This excellent idea, however, would probably not have been possible but for the practical generosity of the Eastern Shore Apex Club in undertaking to carry out all the work of construction. That the young people of this Apex Club are prepared to give all their Sundays every week, in order to accomplish the fruition of this project, is wholly admirable. The very best thanks of the Department go to the members of this club, whose hard work and sacrifice will give so much joy and pleasure to people at the other end of life.

Personal Medical Record Information Card.

A record card, designed to contain valuable records of personal medical events, was made available and distributed to the public, free of charge on request, during the year. The card is protected with a durable polythene envelope.

On the card can be recorded all types and dates of immunising, inoculations and vaccinations, notes on exposure to ionising radiations, and notes on particular diseases which have an immediate effect on the medical treatment of persons, should they have an accident.

Other States are interested in the potential value of these cards to members of the public, with a view to adopting similar measures.

Medical Record of Birth Statistics.

With the full support and active participation of all members of the B.M.A. and the members of the Royal College of Obstetricians and Gynaecologists, Tasmania has become the first State to collate valuable detailed clinical information about mothers and new-born infants, in all births occurring in the State, from the twentieth week of gestation, whether or not the foetus is born dead or alive.

The Deputy Commonwealth Statistician and the Registrar-General have made the project possible by their most willing co-operation and interest, and by arranging for their staffs to process the information supplied by the doctors. The Deputy Commonwealth Statistician's staff codes the information, relates the information to the instances of foetal death occurring after the twentieth week of pregnancy, where this is necessary, and transmits the forms to Canberra, where the Commonwealth Statistician transfers the information to a punched card record system of greater capacity and versatility than that available in the Tasmanian Department of Health Services.

During the first part of the first year of the scheme, many teething troubles were encountered at all levels in the machinery of collecting and processing. These problems have been solved, and a new revised form will be introduced early in the year 1960-61.

On the advice of Professor Bruce Mayes, the Professor of Obstetrics at Sydney University, and Associate Professor Rodney Shearman, in collaboration with medical statistical experts of the Commonwealth Department of Health, under the supervision of Dr. C. E. Cook, preliminary surveys were carried out on the information provided in the first year. The results will be evaluated by medical statistical experts and the professors. Any member of the medical profession in Tasmania who wishes to peruse the initial tables may do so. Copies will be sent to the Secretary of the Branch Council of the B.M.A., for this purpose.

Because of the relatively small number of births in Tasmania, the survey will be of the optimum value only after the information has been collected over several years.

It should be noted that all the information is confidential. No person's name or address appears on the medical record form, and in addition it is sealed by the doctor or nurse dealing with it.

It is likely that other States will follow suit with an identical scheme, as the National Health and Medical Research Council is apparently keen to promote a Commonwealth wide extension.

State Public Hospitals—Morbidity Statistics.

Beginning on 1st July, 1958, all public hospitals in the State began to contribute statistical information to the Department of Health Services about the diseases, injuries, normal and abnormal pregnancies, and certain facts about the children born. Information has not so far been collected from district nursing centres.

This information was processed by punched card record equipment, and tabulated. Simple statistical tables show—

(*a*) The nature and number of illnesses and injuries in various age groups treated in the State public hospitals, and the disposal of these cases, both as a total and by hospitals;

(*b*) The incidence, nature and cause of accident cases admitted to the hospitals;

(*c*) The duration of hospitalisation of accident cases;

(*d*) The incidence and nature of accident cases occurring in various occupations.

The occupational code used in the initial stages of the scheme was selected as the best of a few available standard codes used throughout Australia for statistical purposes other than medical statistical purposes. It was realised that the application of the code to occupations, with a view to determining specific problems relating to the prevention of accidents, would be inadequate. It was also realised that a code which would provide compartments containing more even distribution of the occupations would be more valuable for application to diseases in general.

A revised international standard classification of occupations produced by the International Labour Office of Geneva was due to be published in 1958, and it was considered that possibly this code might be adaptable. For the purposes, however, of obtaining a picture of the distribution of accidents in the population, from the inception of the scheme, the tentative occupation code was used.

A new classification will be introduced as soon as a more suitable one is available.

Fluoridation.

Consultant's Report.

Rosebery—

Approaches were made on a personal level directly to the Electrolytic Zinc Company at Rosebery in connection with the desirability and feasibility of fluoridating the town water supply. In the second instance, a more detailed discussion ensued with the Zeehan Commissioner for Rosebery (Mr. C. L. Bird) and, as a result, the Zeehan Commission has approached the State Fluoridation Commission for approval to fluoridate. Details of installation, &c., are now being considered and it is expected that final approval will be given in the near future.

Riverside—

A public meeting at Riverside was addressed last November with the purpose of acquainting the residents of the suburb with the facts relating to fluoridation. Some thirty persons attended. Subsequently, moves have been initiated to fluoridate the water supply of all this suburb, and final approval will be considered by the Fluoridation Committee upon receipt of details from the Rivers and Water Supply Commission.

Queenstown—

The Government Consultant (Dr. P. C. Brothers) visited Queenstown on February 12th and addressed the Warden and Councillors. Considerable interest was at that time shown in the proposals for fluoridation. A subsequent invitation was accepted to speak before the Queenstown Health Education Group and here also public support was virtually unanimous. Since then an intensive campaign has been waged by the Health Education Group, Dr. L. V. Melville and Dr. P. Arkle. However, the support of certain powerful groups in the community was not forthcoming, and an upsurge of anti-fluoridation feeling was shown by a few very vocal individuals. Since an unfavourable report was compiled (entirely from anti-fluoridation pamphlets) by the new Health Inspector, an attitude of resistance and deferment has been the policy of the Municipal Council, although there are grounds for assuming that the bulk of the residents desire fluoridation. The Council made no provision for the measure in its current estimates and has declared that the matter will go to a public poll at the next Council elections.

Devonport and New Norfolk—

Some moves have been made both in the profession and by residents to re-open discussion, but at this date no definite moves have been made.

North-west Coast, Burnie, Latrobe, Penguin, Ulverstone, &c.

The Wardens of these municipalities and of Devonport have unanimously agreed not to fluoridate owing to "scientific uncertainty and controversy". No professional or public interest has been exhibited in pro-fluoridation at this time and it is considered politic not to pursue the matter until a rational move is made by a responsible authority in the areas concerned.

Launceston—

After a considerable campaign by certain aldermen, the "Examiner" and the profession, Launceston voted to fluoridate in April this year. Subsequently conditional approval has been granted by the State Floridation Committee and it is expected that dosing will start early in 1961.

The Federal Australian Dental Association and the National Health and Medical Research Council are expected to back a full dental survey in this area.

St. Leonards—

No further moves were made to initiate a ratepayers' poll last August, and at this date the question is in abeyance.

TABLE 1.

International Classification of Diseases, Injuries, Pregnancies, Births and Causes of Death in Tasmanian Public Hospitals for the Year 1.7.59 *to* 30.6.60.

W.H.O. LIST A. TABLE 1 — INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES — *Cause Groups*	Patients			Age Groups								Disposal						R.	R.T.
				0–5		6–10		11–20		21 and over		Improved		Unchanged		Died			
(a) A Code:–	M.	F.	Total	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M.	F.		
A 1 Tuberculosis of respiratory system ..	36	23	59	1	1	4	4	3	4	28	14	25	15	13	10	1	3	8	..
A 2 Tuberculosis of mininges and central nervous system	3	1	4	2	1	..	..	..	..	1	..	3	2	..	1	..	..	2	..
A 3 Tuberculosis of intestines, peritoneum and mesenteric glands	..	1	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
A 4 Tuberculosis of bones and joints ..	14	8	22	..	..	2	..	6	..	6	8	8	9	8	1	1	1	6	..
A 5 Tuberculosis, all other forms	3	10	13	..	..	..	..	..	..	3	10	2	8	1	8	..	..	6	..
A 6 Congenital syphilis	..	1	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
A 7 Early syphilis	4	..	4	..	..	..	..	1	..	3	..	4	..	..	..	..	..	..	..
A 8 Tabes dorsalis	1	1	2	..	..	..	..	..	..	1	1	1	1	..	..	..	..	..	..
A 9 General paralysis of insane	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..
A 10 All other syphilis	1	1	2	..	..	..	..	..	..	1	1	1	1	..	..	..	..	..	..
A 11 Gonococcal infection	1	..	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
A 12 Typhoid fever	..	1	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
A 13 Paratyphoid fever and other Salmonella infections	3	1	4	1	..	..	..	1	..	1	1	3	1	..	..	..	..	..	..
A 14 Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 15 Brucellosis (undulant fever)	1	..	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
A 16 Dysentery, all forms	5	7	12	1	2	..	1	..	3	4	1	3	7	2	..	..	..	..	..
A 17 Scarlet fever	1	7	8	1	2	..	2	..	1	..	2	1	6	..	1	..	..	..	..
A 18 Streptococcal sore throat	21	27	48	5	..	6	6	11	7	4	9	21	28	..	..	..	..	1	..
A 19 Erysipelas	3	3	6	2	..	..	1	..	..	1	2	3	3	..	..	..	..	..	..
A 20 Septicaemia and pyaemia	2	2	4	..	..	..	..	..	..	2	2	1	2	..	..	1	..	..	..
A 21 Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 22 Whooping Cough	12	19	31	10	16	2	2	..	1	..	..	12	20	..	..	..	..	1	..
A 23 Meningococcal infections	7	10	17	5	8	1	..	..	..	1	2	7	9	..	..	..	1	..	..
A 24 Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 25 Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 26 Tetanus	2	..	2	..	..	..	..	..	..	2	..	1	..	..	..	1	..	..	..
A 27 Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 28 Acute poliomyelitis	1	1	2	..	..	..	..	..	1	1	..	..	1	1	..	..	..	..	..
A 29 Acute infectious encephalitis	4	2	6	2	1	..	..	..	..	2	1	4	2	..	..	..	..	..	..
A 30 Late effects of acute poliomyelitis and acute infectious encephalitis	5	7	12	..	..	4	2	1	2	..	3	6	6	1	5	..	..	6	..
A 31 Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 32 Measles	35	36	71	23	21	10	13	1	2	1	..	33	33	2	4	..	..	1	..
A 33 Yellow fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 34 Infectious hepatitis	10	10	20	..	..	1	..	3	2	6	8	10	13	..	..	..	..	3	..
A 35 Rabies	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 36 Typhus and other rickettsial diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 37 Malaria	1	1	2	..	..	..	..	..	..	1	1	1	1	..	..	..	..	..	..
A 38 Schistosomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 39 Hydatid disease	5	8	13	..	..	..	..	1	1	4	7	8	7	1	..	1	3	7	..
A 40 Filariasis	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..
A 41 Ankylostomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 42 Other diseases due to helminths	1	3	4	..	..	1	1	..	2	..	..	1	3	..	..	..	..	..	..
A 43 All other diseases classified as infective and parasitic	60	79	139	17	21	13	9	16	18	14	31	60	76	2	3	..	1	3	..

TABLE 1.—*Continued.*

W.H.O. LIST A. TABLE 1 INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES *Cause Groups*	Patients			Age Groups								Disposal						R.	R.T.
				0–5		6–10		11–20		21 and over		Improved		Unchanged		Died			
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 44 Malignant neoplasm of buccal cavity and pharynx	6	2	8	..	..	..	..	..	..	6	2	5	2	3	..	2	..	4	..
A 45 Malignant neoplasm of oesophagus	2	1	3	..	..	..	..	..	..	2	1	1	..	1	..	1	2	2	..
A 46 Malignant neoplasm of stomach	30	15	45	..	..	..	..	..	..	30	15	15	4	8	7	12	7	8	..
A 47 Malignant neoplasm of intestine, except rectum	17	26	43	..	..	..	..	..	..	17	26	9	11	1	5	11	16	10	..
A 48 Malignant neoplasm of rectum	16	7	23	..	..	..	..	..	..	16	7	9	3	4	4	7	2	6	..
A 49 Malignant neoplasm of pharynx	2	..	2	..	..	..	..	..	..	2	..	1	..	2	..	..	..	1	..
A 50 Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	44	5	49	..	..	..	..	..	..	44	5	14	1	26	2	23	2	18	1
A 51 Malignant neoplasm of breast	..	63	63	..	..	..	..	..	..	..	63	..	46	..	23	..	12	17	1
A 52 Malignant neoplasm of cervix uteri	2	31	33	..	..	..	..	..	..	2	31	..	32	..	11	..	4	14	..
A 53 Malignant neoplasm of other and unspecified parts of uterus	1	21	22	..	..	..	..	..	..	1	21	..	15	..	10	..	6	9	..
A 54 Malignant neoplasm of prostate	34	..	34	..	..	..	..	..	..	34	..	20	..	15	..	12	..	13	..
A 55 Malignant neoplasm of skin	19	16	35	..	..	..	..	..	..	19	16	21	18	4	..	2	..	10	..
A 56 Malignant neoplasm of bone and connective tissue	2	3	5	..	..	..	..	..	..	3	2	4	1	..	2	..	..	2	..
A 57 Malignant neoplasm of all other and unspecified sites	81	63	144	2	1	..	1	1	..	78	61	47	28	48	30	32	22	63	..
A 58 Leukaemia and aleukaemia	9	7	16	1	1	1	..	1	..	6	6	11	13	4	1	3	2	18	..
A 59 Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	16	10	26	..	1	..	..	..	1	16	8	16	12	16	1	11	5	35	..
A 60 Benign neoplasms and neoplasms of unspecified nature	107	248	355	7	9	12	8	12	30	76	201	114	241	11	28	2	2	43	..
A 61 Nontoxic goitre	6	24	30	1	..	..	..	..	1	5	23	6	21	..	2	..	1	..	..
A 62 Thyrotoxicosis with or without goitre	1	17	18	..	..	..	..	..	..	1	17	1	19	..	1	..	..	3	..
A 63 Diabetes mellitus	72	104	176	1	2	..	1	4	6	67	95	80	149	5	5	5	15	83	..
A 64 Avitaminosis and other deficiency states	19	20	39	4	3	2	1	..	..	13	16	23	21	1	..	1	2	9	..
A 65 Anaemias	29	46	75	2	3	3	1	..	5	24	37	29	51	3	4	1	1	14	..
A 66 Allergic disorders; all other endocrine metabolic and blood diseases	111	146	257	19	25	14	7	10	12	68	102	127	170	7	10	2	1	60	..
A 67 Psychoses	106	132	238	..	..	..	..	7	3	99	129	77	88	52	60	2	3	44	..
A 68 Psychoneuroses and disorders of personality	151	168	319	4	2	3	2	11	32	133	132	163	167	39	37	1	1	89	..
A 69 Mental deficiency	..	9	9	..	..	..	1	..	2	..	6	..	2	..	6	..	1	..	..
A 70 Vascular lesions affecting central nervous system	133	149	282	..	..	1	1	..	1	132	147	72	89	18	9	56	60	22	..
A 71 Nonmeningococcal meningitis	20	13	33	12	10	1	..	3	1	4	2	17	6	1	2	2	5	..	..
A 72 Multiple sclerosis	3	8	11	..	..	..	..	..	..	3	8	..	4	2	5	1	..	1	..
A 73 Epilepsy	53	27	80	6	8	3	4	10	3	34	12	50	28	13	4	1	..	16	..
A 74 Inflammatory diseases of eye	28	28	56	5	4	6	..	3	6	14	18	29	29	1	1	..	..	4	..
A 75 Cataract	24	27	51	2	..	..	1	1	1	21	25	31	40	2	2	..	..	24	..
A 76 Glaucoma	12	13	25	..	..	1	..	..	..	11	13	15	12	2	2	..	..	6	..
A 77 Otitis media and mastoiditis	99	90	189	55	38	13	18	14	18	17	16	114	91	1	3	..	..	20	..
A 78 All other diseases of the nervous system and sense organs	192	182	374	24	25	24	18	23	26	121	113	185	176	33	17	5	7	49	..

A 79 Rheumatic fever	36	20	56	2	6	10	7	18	6	6	1	40	26	2	..	..	..	11	1
A 80 Chronic rheumatic heart disease	15	27	42	1	..	..	..	..	3	14	24	16	41	4	4	1	6	30	..
A 81 Arteriosclerotic and degenerative heart disease	313	186	499	..	..	..	..	..	..	313	186	281	168	14	9	77	46	96	..
A 82 Other diseases of the heart	111	89	200	1	..	..	..	1	..	109	89	108	87	4	3	25	16	43	..
A 83 Hypertension with heart disease	36	53	89	..	..	..	1	..	1	36	51	25	51	3	4	11	13	18	..
A 84 Hypertension without mention of heart	37	75	112	..	..	..	3	..	2	37	70	39	76	1	5	2	10	21	..
A 85 Diseases of arteries	58	54	112	3	1	1	..	..	2	54	51	39	44	3	6	20	11	11	..
A 86 Other diseases of circulatory system	144	184	328	7	4	9	11	8	15	120	154	147	203	5	5	4	4	40	..
A 87 Acute upper respiratory infections	311	315	626	193	155	49	57	21	57	50	44	327	325	6	2	..	1	35	..
A 88 Influenza	39	42	81	3	7	7	3	4	13	25	19	40	42	1	..	..	..	2	..
A 89 Lobar pneumonia	337	189	526	98	51	36	17	30	16	173	105	341	189	2	1	9	6	22	..
A 90 Bronchopneumonia	221	157	378	85	77	11	9	11	4	114	67	199	152	2	2	29	22	28	..
A 91 Primary atypical, other and unspecified pneumonia	43	38	81	10	15	..	1	2	5	31	17	37	35	2	2	4	2	1	..
A 92 Acute bronchitis	114	91	205	61	53	11	4	7	6	36	27	129	101	..	1	..	..	26	..
A 93 Bronchitis, chronic and unqualified	124	52	176	39	20	4	3	..	4	81	25	142	59	4	3	12	2	46	..
A 94 Hypertrophy of tonsils and adenoids	457	501	958	163	130	191	213	76	119	27	39	464	506	5	3	..	..	20	..
A 95 Empyema and abscess of lung	5	4	9	..	2	..	..	..	..	5	2	5	4	..	1	..	..	1	..
A 96 Pleurisy	34	27	61	..	1	1	1	5	3	28	22	34	28	..	1	1	..	3	..
A 97 All other respiratory diseases	193	152	345	35	16	18	16	49	37	91	83	196	153	8	13	6	4	35	..
A 98 Diseases of teeth and supporting structures	296	365	661	66	84	67	87	92	103	71	91	294	361	3	6	1	..	4	..
A 99 Ulcer of stomach	110	48	158	..	..	..	..	1	2	109	46	115	44	8	5	4	3	21	..
A 100 Ulcer of duodenum	61	31	92	2	..	..	..	2	1	57	30	70	24	2	4	5	11	24	..
A 101 Gastritis and duodenitis	46	28	74	8	3	..	1	6	6	32	18	46	31	2	..	1	..	6	..
A 102 Appendicitis	430	301	731	16	9	66	45	160	152	188	95	429	300	16	5	4	4	26	1
A 103 Intestinal obstruction and hernia	375	158	533	55	10	9	3	17	5	294	140	371	147	15	13	6	4	23	..
A 104 Gastro-enteritis and colitis, except diarrhoea of the newborn	103	117	220	41	48	6	6	10	12	46	51	107	119	2	4	2	1	15	..
A 105 Cirrhosis of liver	11	18	29	..	..	..	..	..	..	11	18	9	12	1	6	4	3	6	..
A 106 Cholelithiasis and cholecystitis	65	228	293	..	..	..	..	..	6	65	222	72	241	2	9	3	4	38	..
A 107 Other diseases of digestive system	216	233	449	32	27	16	8	28	32	140	166	210	222	16	24	5	8	36	..
A 108 Acute nephritis	19	10	29	5	1	3	1	5	6	6	2	19	11	..	..	..	..	1	..
A 109 Chronic, other and unspecified nephritis	25	21	46	3	1	3	..	3	2	16	18	24	17	7	2	5	6	15	..
A 110 Infections of kidney	36	98	134	2	9	1	9	5	20	28	60	34	100	3	3	1	5	12	..
A 111 Calculi of urinary system	71	24	95	..	..	..	..	4	1	67	23	68	23	13	4	1	1	15	..
A 112 Hyperplasia of prostate	117	..	117	..	..	..	..	..	..	117	..	112	..	9	..	10	..	14	..
A 113 Diseases of breast	6	34	40	..	2	..	1	2	9	4	22	6	32	..	3	..	..	1	..
A 114 Other diseases of genito-urinary system	303	864	1,167	83	14	15	16	31	86	174	748	350	824	33	81	5	3	129	..
A 115 Sepsis of pregnancy, childbirth and the puerperium	..	23	23	..	..	..	..	..	5	..	18	..	24	..	1	..	..	2	..
A 116 Toxaemias of pregnancy and the puerperium	..	284	284	..	..	..	..	..	67	..	217	..	306	..	18	..	1	41	..
A 117 Haemorrhage of pregnancy and childbirth	..	122	122	..	..	..	..	..	22	..	100	..	127	..	10	..	..	15	..
A 118 Abortion without mention of sepsis or toxaemia	..	608	608	..	..	..	..	..	66	..	542	..	638	..	13	..	1	44	..
A 119 Abortion with sepsis	..	44	44	..	..	..	..	..	5	..	39	..	41	..	3	..	2	2	..
A 120 Other complications of pregnancy, childbirth and the puerperium	..	968	968	..	..	..	..	..	159	..	809	..	1,106	..	83	..	1	216	6
A 121 Infections of skin and subcutaneous tissue	415	327	742	79	59	45	24	86	59	205	185	435	345	8	3	1	2	52	..
A 122 Arthritis and spondylitis	86	87	173	5	3	3	3	7	5	71	76	102	82	10	14	1	..	36	..
A 123 Muscular rheumatism and rheumatism, unspecified	30	21	51	..	1	..	..	1	3	29	17	30	21	..	1	..	..	1	..
A 124 Osteomyelitis and periostitis	44	30	74	9	10	10	6	15	3	10	11	62	44	11	4	..	1	48	..
A 125 Ankylosis and acquired musculoskeletal deformities	61	104	165	5	6	6	10	20	16	30	72	82	98	9	3	..	..	27	..
A 126 All other diseases of skin and musculoskeletal system	445	315	760	21	15	13	11	50	54	361	235	486	334	15	8	3	1	87	..
A 127 Spina bifida and meningocele	6	9	15	2	9	..	..	3	..	1	..	5	4	2	3	1	3	3	..

TABLE 1.—*Continued.*

W.H.O. LIST A. TABLE 1 — INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES — *Cause Groups*	Patients			Age Groups								Disposal						R.	R.T.
				0–5		6–10		11–20		21 and over		Improved		Unchanged		Died			
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 128 Congenital malformations of circulatory system	27	16	43	20	8	1	1	1	2	5	5	20	11	5	4	6	3	6	..
A 129 All other congenital malformations	103	64	167	59	40	12	5	26	6	6	13	100	63	14	22	7	5	44	..
A 130 Birth injuries	5	6	11	4	3	2	1	..	1	..	..	2	7	..	..	1	1	..	..
A 131 Postnatal asphyxia and atelectasis	17	10	27	17	10	..	..	..	..	..	..	6	3	5	6	6	1	..	..
A 132 Infections of the newborn	13	8	21	13	8	..	..	..	..	..	..	6	5	7	3	1	..	1	..
A 133 Haemolytic disease of newborn	10	8	18	10	8	..	..	..	..	..	..	4	4	6	2	1	2	1	..
A 134 All other defined diseases of early infancy	31	29	60	29	29	1	..	1	..	..	..	30	29	2	2	..	..	3	..
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unqualified	21	11	32	19	12	1	..	..	..	..	.	18	9	2	1	1	1	..	..
A 136 Senility without mention of psychosis	14	17	31	..	..	..	..	..	..	14	17	6	9	7	8	4	3	6	..
A 137 Ill-defined and unknown causes of morbidity and mortality	465	476	941	35	42	23	29	69	83	338	322	377	390	111	95	5	8	45	..
(*b*) CLASSIFICATION OF NATURE OF INJURY (ACCIDENTS, POISONINGS, VIOLENCE, &C.) *Cause Groups*																			
AN 138 Fracture of skull	216	66	282	12	10	13	5	56	19	135	32	199	61	14	2	12	3	9	..
AN 139 Fracture of spine and trunk	110	37	147	..	3	2	..	23	6	85	28	105	38	7	1	1	..	5	..
AN 140 Fracture of limbs	647	348	995	54	31	97	51	156	42	342	222	685	338	16	14	8	14	80	..
AN 141 Dislocation without fracture	82	31	113	1	1	7	2	25	6	49	22	80	31	4	2	1	..	5	..
AN 142 Sprains and strains of joints and adjacent muscles	89	27	116	..	1	..	1	27	6	62	19	85	27	5	1	..	..	2	..
AN 143 Head injury (excluding fracture)	404	138	542	41	32	30	12	122	30	211	64	389	132	5	2	15	5	6	..
AN 144 Internal injury of chest, abdomen, and pelvis	30	8	38	2	..	1	..	10	1	17	7	27	8	2	..	1	..	..	..
AN 145 Laceration and open wounds	529	154	683	53	39	37	20	121	43	312	58	543	156	8	2	2	1	29	..
AN 146 Superficial injury, contusion and crushing with intact skin surface	140	51	191	6	4	8	2	26	12	100	33	141	52	1	..	..	..	3	..
AN 147 Effects of foreign body entering through orifice	56	45	101	11	10	2	5	8	5	35	25	54	39	3	4	..	2	1	..
AN 148 Burns	144	78	222	60	54	13	4	23	9	47	12	142	78	5	..	1	2	6	..
AN 149 Effects of poisons	137	103	240	87	39	2	1	11	10	40	50	137	102	2	..	1	1	3	..
AN 150 All other and unspecified effects of external causes	71	48	119	5	7	6	6	16	10	44	25	65	43	4	4	..	3	..	..
SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS																			
Y CODE—																			
Y 1 Pregnancy—Normal delivery	..	6,246	6,246	..	..	..	..	..	927	..	5,319	..	6,242	..	4	..	..	..	..
Y 00 Medical or special examination without complaint or finding indicating need of observation or medical care	83	196	279	31	20	5	10	10	39	37	127	6	6	78	202	..	..	13	..
Y 04 Follow-up examination after operation injury or disease without finding indicated need for further medical care	19	15	34	10	4	..	..	..	1	9	10	..	..	20	17	..	..	3	..
Y 05 Carrier or suspected carrier of infective organisms without complaint or sickness	1	1	2	..	..	..	..	..	1	1	..	..	1	1	..	..	..	..	..

Y 08 Healthy person accompanying sick relative	21	41	62	21	26	..	3	..	2	..	10	10	4	10	39	..	..	1	..
Y 09 Other person without complaint or sickness	5	5	10	1	..	..	..	..	..	4	5	..	..	5	5	..	..	..	..
Y 11 Admitted for cosmetic plastic surgery treatment	12	1	13	9	..	2	..	..	..	1	1	12	2	..	..	..	..	1	..
Y 18 Fitting of a prosthetic device	6	3	9	..	..	..	..	1	..	5	3	6	4	..	..	..	..	1	..
Y 20 Normal new born baby—single birth ..	3,320	3,246	6,566	3,320	3,246	..	..	..	..	..	..	3,043	2,980	268	260	9	6	..	..
Y 21 Immature new born baby—single birth..	108	97	205	108	97	..	..	..	..	..	..	92	81	2	4	14	12	..	..
Y 22 Twin normal with mate liveborn.. ..	41	46	87	41	46	..	..	..	..	..	..	35	42	6	4	..	..	..	..
Y 23 Twin normal with mate stillborn ..	4	3	7	4	3	..	..	..	..	..	..	4	3	..	..	..	..	..	..
Y 24 Twin immature with mate liveborn ..	23	25	48	23	25	..	..	..	..	..	..	18	22	3	3	2	..	..	..
Y 25 Twin immature with mate stillborn ..	1	1	2	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..
Y 26 Multiple born normal, mates all liveborn..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 27 Multiple born normal, one or more mates stillborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 28 Multiple born immature, mates all liveborn	..	....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 29 Multiple born immature, one or more mates stillborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS	14,701	21,472	36,173	5,458	4,913	1,004	840	1,657	2,653	6,589	13,059	14,122	20,836	1,236	1,438	565	470	2,484	10

LEGEND — R = The number of cases re-admitted for the same complaint.
RT = The number of cases transferred to a second hospital for a complaint which has already resulted in a coded return from the first hospital.

TABLE 2.

(External) Causes of Injury (Accidents, Poisonings, Violence, &c.)

A.E. Code.

	Classification of Nature of Injury (Accidents, Poisonings, Violence, &c.) *Cause Groups*													Total
	Fracture of skull AN 138	Fracture of spine and trunk AN 139	Fracture of limbs AN 140	Dislocation without fracture AN 141	Sprains and strains of joints and adjacent muscles AN 142	Head injury (excluding fracture) AN 143	Internal injury of chest, abdomen, and pelvis AN 144	Laceration and open wounds AN 145	Superficial injury, contusion and crushing with intact skin surface AN 146	Effects of foreign body entering through orifice AN 147	Burns AN 148	Effects of poisons AN 149	All other and unspecified effects of external causes AN 150	
AE 138 Motor vehicle accidents	117	54	148	14	9	257	8	85	50	..	1	..	11	754
AE 139 Other transport accidents	11	4	15	1	1	24	2	7	6	..	..	..	3	74
AE 140 Accidental poisoning	..	..	..	..	1	..	..	..	..	..	2	162	..	165
AE 141 Accidental falls	48	62	588	45	42	143	7	68	55	2	..	1	17	1,078
AE 142 Accident caused by machinery	6	3	53	3	2	7	..	118	11	4	..	1	5	213
AE 143 Accident caused by fire and explosion of combustible material	2	..	2	..	1	..	1	2	1	1	60	2	..	72
AE 144 Accident caused by hot substance, corrosive liquid steam, and radiation	..	..	..	..	..	1	..	1	..	1	144	..	2	149
AE 145 Accident caused by firearm	1	..	4	1	..	..	..	34	2	3	1	..	..	46
AE 146 Accidental drowning and submersion	1	..	..	1	..	..	..	..	1	..	..	..	1	4
AE 147 All other accidental causes	..	20	183	45	60	89	17	353	61	84	14	25	73	1,024
AE 148 Suicide and self-inflicted injury	86	..	..	..	..	1	..	9	..	2	..	46	1	145
AE 149 Homicide and injury purposely inflicted by other persons (not in war)	13	1	1	..	..	19	3	3	4	1	..	1	3	49
AE 150 Injury resulting from operations of war	..	..	..	..	..	..	..	1	..	1	..	..	..	2
Not stated	..	..	3	3	..	1	..	2	..	1	1	2	3	16
Readmissions	9	5	78	5	2	6	..	29	3	1	6	3	..	147
Total including readmissions..	294	149	1,075	118	118	548	38	712	194	101	229	243	119	3,938
Total excluding readmissions	285	144	997	113	116	542	38	683	191	100	223	240	119	3,791

TABLE 3.

Duration of Hospitalisation and number of Deaths in Accident Cases in Tasmania (including Re-admissions) 1st July, 1959-30*th June,* 1960.

Nature of Injury		Days													Total Cases	No. of Deaths
		0–5	6–10	11–15	16–20	21–25	26–30	31–35	36–40	41–45	46–50	51–55	56–60	61 and over		
Fracture of skull	AN 138	140	72	32	17	9	7	5	1	..	1	..	3	4	291	15
Fracture of spine and trunk	AN 139	48	34	23	11	10	5	4	1	3	1	1	2	9	152	1
Fracture of limbs	AN 140	593	117	73	55	38	28	15	20	14	8	10	6	98	1,075	22
Dislocation without fracture	AN 141	67	16	10	12	5	..	4	1	..	..	..	..	3	118	..
Sprains and strains of joints and adjacent muscles	AN 142	52	24	25	5	3	1	2	2	..	..	..	1	3	118	..
Head injury (excluding fracture)	AN 143	421	68	24	11	5	5	4	1	..	2	2	..	5	548	19
Internal injury of chest, abdomen, and pelvis	AN 144	17	5	5	4	3	2	1	..	..	..	..	..	1	38	1
Laceration and open wounds	AN 145	408	146	64	36	12	15	6	8	4	2	4	1	6	712	3
Superficial injury, contusion and crushing with intact skin surface	AN 146	124	35	9	5	8	2	2	1	2	1	..	..	5	194	..
Effects of foreign body entering through an orifice	AN 147	72	20	4	3	2	..	..	1	..	..	..	..	..	102	2
Burns	AN 148	65	39	36	21	16	14	6	7	4	3	4	..	13	228	3
Effects of poisons	AN 149	201	32	4	1	3	..	..	..	..	1	1	..	..	243	2
All other and unspecified effects of external causes	AN 150	85	17	6	5	..	..	1	..	..	..	..	..	5	119	3
Total		2,293	625	315	186	114	79	50	43	27	19	22	13	152	3,938	71

TABLE 4.

The Occupations of Individuals sustaining Accidents necessitating admission to Hospital in Tasmania, 1st July, 1959-30th June, 1960.

	Nature of Injury													
	AN 138 Fracture of skull	AN 139 Fracture of spine and trunk	AN 140 Fracture of limbs	AN 141 Dislocation without fracture	AN 142 Sprains and strains of joints and adjacent muscles	AN 143 Head injury (excluding fracture)	AN 144 Internal injury of chest, abdomen, and pelvis	AN 145 Laceration and open wounds	AN 146 Superficial injury, contusion and crushing with intact skin surface	AN 147 Effects of foreign body entering through orifice	AN 148 Burns	AN 149 Effects of poisons	AN 150 All other and unspecified effects of external causes	Total
00 Farm workers	10	4	30	8	2	10	4	40	11	3	8	2	5	137
01 Farm contractors	..	1	5	1	..	2	..	4	..	..	1	..	1	15
02 Shearers	..	..	..	..	..	..	..	..	..	..	..	..	..	..
03 Drovers	..	..	..	..	..	..	..	..	..	..	..	..	..	..
04 Timber workers	11	4	28	..	5	10	1	30	9	1	1	..	4	104
05 Fishermen	1	1	2	..	..	1	..	..	..	..	1	..	..	6
06 Trappers, hunters	..	1	..	..	..	..	..	..	..	..	..	..	..	1
10 Teaching occupations	3	..	2	2	1	2	..	5	..	3	1	..	1	20
11 Medical and health occupations	4	..	9	..	2	5	..	6	4	1	..	2	7	40
12 Religious and Social Welfare occupations	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13 Legal occupations	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14 Metallurgists	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 Constructional occupations	2	2	4	..	..	2	..	6	..	..	1	..	..	17
16 Literary and artistic occupations	1	1	..	..	..	1	..	..	..	..	..	..	..	3
17 Musicians, actors, dancers	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 Politicians	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19 Other professional occupations	1	..	..	..	2	1	..	..	1	..	..	..	1	6
20 Proprietors, directors	2	1	4	..	..	1	1	2	..	..	..	..	..	11
21 Managers	..	..	..	..	1	..	..	2	..	..	..	..	..	3
22 Ship's officers, aircraft officers	..	2	1	2	..	2	..	..	5	..	..	..	..	12
30 Clerical amd semi-clerical occupations	12	5	28	7	8	23	1	15	4	1	2	4	3	113
34 Selling and broking occupations	7	2	14	2	1	12	..	13	6	2	2	1	2	64
40 Domestic service workers	2	3	..	4	..	8	..	2	1	..	..	..	2	22
42 Hairdressers	..	..	1	1	1	..	..	..	..	..	..	1	..	4
43 Undertakers	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44 Sporting occupations	1	..	1	1	..	..	..	..	..	..	..	..	..	3
45 Fire brigade men	..	..	..	..	..	2	..	..	..	..	..	..	..	2
46 Ambulance men	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47 Police, prisons' officers	..	..	1	..	..	5	..	1	..	..	..	..	..	7
48 Other service workers	1	1	3	..	2	3	..	..	4	1	1	1	1	18
49 Members of armed forces	4	1	..	1	..	2	..	2	..	..	..	..	..	10
50 Foremen, supervisors	..	..	5	1	1	2	..	1	..	..	1	1	..	12
51 Building and constructional craftsmen	3	5	12	1	4	13	2	26	3	3	1	1	3	77
52 Mechanics, fitters, turners	7	..	17	..	3	12	..	17	8	4	1	..	2	71
53 Technicians, n.e.i.	2	..	4	3	1	..	1	3	..	1	..	..	..	15
54 Printing craftsmen	1	..	1	..	1	1	..	..	..	..	1	..	..	5
55 Engineers, drivers	3	2	13	3	2	8	..	6	2	..	3	1	3	46

56	Metal craftsmen	2	2	3	..	1	6	..	6	1	..	..	..	..	21
57	Miscellaneous craftsmen	1	1	3	..	..	4	..	3	..	..	..	1	..	13
58	Designers, repairers	..	..	..	..	..	1	..	..	..	..	..	..	..	1
59	Other craftsmen	..	1	6	1	..	6	..	2	3	1	..	..	..	20
60	Tradesmen's assistants	7	2	9	..	3	9	1	8	1	2	2	1	2	47
61	Firemen, greasers	1	..	..	..	..	1	..	..	1	..	..	..	1	4
62	Drivers, conductors, guards	4	7	18	..	6	10	1	7	5	1	2	..	1	62
63	Storemen, packers, wrappers	2	..	2	1	1	3	..	3	4	..	..	..	1	17
64	Dressmakers, milliners	..	..	..	1	..	2	..	..	..	..	..	..	1	4
65	Miscellaneous and ill-defined operatives	5	1	14	1	4	8	2	22	6	1	2	2	8	76
70	Wharf labourers	2	2	10	..	3	5	1	9	4	..	..	1	..	37
71	Labourers (so described)	17	8	47	4	12	53	5	33	14	4	10	6	9	222
72	Labourers, n.e.i.	6	1	4	1	4	4	1	5	3	1	3	..	2	35
79	Other labouring occupations	1	7	15	4	3	6	1	3	3	1	..	1	..	45
80	Occupation indefinite or not stated	45	14	134	12	10	63	2	80	10	11	15	23	13	432
90	Children not attending school	20	2	77	3	2	58	6	76	15	18	108	106	15	506
91	Full-time students and scholars	41	7	245	23	9	106	9	110	27	16	42	14	29	678
92	Engaged in home duties	16	16	173	8	12	51	4	45	14	22	23	45	16	445
95	Inmates of institutions	1	..	2	..	..	..	..	1	..	..	1	1	..	6
	TOTAL	249	107	947	96	107	524	43	594	169	98	233	215	133	3,515

Hobart City Council—

Representations to this body in the last twelve months have resulted in a deferment policy until the " results of the United Kingdom experiments are known ". This is regarded as a " hollow log " policy and it is considered that at present more benefit will ultimately be obtained by waiting.

Lectures—

Queenstown Municipal Council.
Queenstown Health Education Group.
George Town Council.
Riverside Ratepayers.
Apex Club—Moonah.
Friends' School Parents and Friends.
Prince of Wales Bay Parents and Friends.
Lenah Valley Mothers Club.
Lady Gowrie Child Centre.
Pharmacy Students Society.
Science Teachers Association of Tasmania.
Dental Practitioners, Launceston.

Most of the above meetings were very well attended, and indications were that favourable results were obtained. However, it is pertinent to point out that those who oppose or are likely to oppose fluoridation either do not attend the meetings, or very rarely speak out.

Overseas Correspondence—

Considerable liaison has taken place between this State and the United Kingdom, Canada, U.S.A., Switzerland, Denmark, West Germany, Sweden and New Zealand, and much valuable information and material is to hand, particularly relating to controversial issues.

Interstate Liaison—

Contact has been maintained between this State and Queensland, New South Wales and Victoria on fluoridation matters.

Public Education—

The Beaconsfield film is being currently produced and should be available within nine months.

A forty-eight page booklet and a smaller pamphlet have been prepared and are at present being printed. These should be available shortly.

Public Hospital Statistics.

(*Excluding Chest and Mental Hospitals.*)

Number of Patients.

The number of patients was 761 more than during the previous financial year. The number of general patients increased by 1014, infectious disease patients by 24 while maternity patients decreased by 230 and aged and invalid by 47.

The total number of patients was 37,844.

Bed-days.

The number of bed-days shows a net increase of 9901 over those for the previous financial year. Bed-days for general patients increased by 10,111, infectious disease patients by 210 and for the aged and invalid by 2943, while maternity bed-days decreased by 3363.

The latter reduction is accounted for by the shorter average length of stay at the two major maternity hospitals.

The total number of bed-days was 543,582.

Births.

The total for the year was 7874 an increase of 154 over the previous financial year.

Receipts.

Hospital revenue for the year was £2,939,467 including patients' fees, donations and miscellaneous receipts totalling £708,728. There was a general increase of 10s. per day in patients' fees on 1st April, 1960.

Commonwealth contributions in the form of hospital benefits and pharmaceutical benefits amounted to £299,866 while State aid was £1,929,891, an increase of £177,324 over 1958-59.

Payments.

Total payments were £2,960,752, an increase of £256,394 over expenditure for 1958-59. The sum of £1,955,572, or 65.05 per cent of the total expenditure, was attributable to salaries.

Patients' Costs.

The average daily cost for in-patients for the 22 main hospitals, as listed in Table 5, was £5 6s. 3d. an increase of 7s. 11d. compared with 1958-59. Outpatients' costs per visit decreased from 14s. 4d. in 1958-59 to 13s. 9d. in 1959-60. This decrease resulted from an increase of more than 18,000 in the number of visits.

Comparisons.

Comparisons and details of receipts and payments, together with relevant percentages under the principal classifications, are set out in Table 5.

Patients' statistics are given in Tables 6 and 7.

Hospitals' Auxiliaries Conference.

A further conference was held in Launceston on 21st and 22nd September, 1960. All hospital and nursing centre auxiliaries again were represented.

TABLE 5.

PUBLIC HOSPITALS. *Summary of Receipts and Payments, Costs, &c. for Year ended 30th June, 1960.*

No.	Hospital	Daily Average of Occupied Beds	Balances at 1st July, 1959		Maintenance Receipts										No.	Maintenance Payments (Net)							Balance at 30th June, 1960		In-Patients' Cost		Out-Patients' Cost		No.
					Commonwealth Aid																								
			Debit	Credit	Hospital Benefits	Pharmac'l Benefits	Total	State Aid	In-Patients' Fees	Out-Patients' Fees	Donations, &c.	Interest from Bequests	Misc. Receipts	Total Receipts		Salaries and Wages	Provisions	Domestic	Dispensary and Surgical	Admin. and Misc.	Repairs	Total Payments	Debit	Credit	Per Daily Occupied Bed	Per Patient	Per Atten-dance	Per Patient	
			£	£	£	£	£	£	£	£	£	£	£	£		£	£	£	£	£	£	£	£	£	£ s. d.	£ s. d.	s. d.	£ s. d.	
	Base General Hospitals:																												
1	Royal Hobart	372.15	..	7,874	57,687	40,010	97,697	548,019	172,860	9,899	27	362	3,666	832,530	1	535,988	77,826	85,908	90,978	35,302	12,973	838,975	..	1,429	5 4 11	65 5 3	15 0	2 5 9	1
2	Lady Clark	19.4	..	284	1,420	..	1,420	9,490	15,727	1,041	2	..	142	27,822	2	15,020	4,616	4,768	444	1,172	1,190	27,210	..	896	3 8 0	47 7 4	9 11	4 2 3	2
3	Launceston General	242.49	..	2,062	39,602	17,142	56,744	392,708	103,247	10,467	2	..	1,125	564,293	3	373,692	42,386	41,777	69,917	23,435	14,650	565,857	..	498	5 9 11	82 14 0	12 4	3 10 11	3
	Totals	634.04	..	10,220	98,709	57,152	155,861	950,217	291,834	21,407	31	362	4,933	1,424,645		924,700	124,828	132,453	161,339	59,909	28,813	1,432,042	..	2,823	5 4 10	70 13 3	13 10	2 11 11	
	Regional Hospitals:																												
4	Burnie*	51.86	..	1,593	8,268	2,099	10,367	75,884	33,733	1,528	..	..	488	122,000	4	82,510	9,227	9,642	15,974	5,462	1,036	123,851	258	..	5 14 10	41 10 5	16 0	1 19 4	4
5	Lyell, Queenstown	37.63	169	..	5,382	2,401	7,783	37,624	24,214	25	101	..	14	69,761	5	42,768	8,444	7,820	7,113	2,256	987	69,388	..	204	4 11 5	50 0 9	14 6	2 9 11	5
6	Mersey, Latrobe	73.93	..	5,841	11,679	3,543	15,222	151,882	36,764	576	32	265	579	205,320	6	149,158	20,745	16,012	14,580	7,688	3,215	211,398	237	..	7 5 2	89 12 11	11 3	2 12 8	6
7	Spencer, Wynyard	47.26	..	52	7,467	1,640	9,107	53,919	26,535	617	..	..	144	90,322	7	60,040	8,482	9,720	7,765	2,617	1,707	90,331	..	43	5 1 0	63 15 8	14 7	1 8 6	7
	Totals	210.68	169	7,486	32,796	9,683	42,479	319,309	121,246	2,746	133	265	1,225	487,403		334,476	46,898	43,194	45,432	18,023	6,945	494,968	495	247	5 18 3	61 4 3	13 9	2 3 3	
	Maternity Hospitals:																												
8	Queen Alexandra, Hobart	48.74	..	298	7,050	..	7,050	22,786	45,403	..	..	..	4	75,243	8	48,839	11,528	8,479	2,709	2,831	1,393	75,779	238	..	4 4 4	43 18 11	9 6	2 0 0	8
9	Queen Victoria, Launceston	52.80	..	188	7,768	..	7,768	36,211	49,667	..	..	253	43	93,942	9	60,278	12,247	13,532	2,020	4,573	1,703	94,353	223	..	4 17 5	39 9 3	9 2	2 4 5	9
	Totals	101.54	..	486	14,818	..	14,818	58,997	95,070	..	..	253	47	169,185		109,117	23,775	22,011	4,729	7,404	3,096	170,132	461	..	4 11 2	41 6 9	9 5	2 0 2	
	Rural Hospitals:																												
10	Beaconsfield	23.07	..	1,151	3,955	661	4,616	14,446	10,006	11	6	83	..	29,168	10	21,503	3,024	3,221	1,950	875	338	30,911	592	..	3 13 5	37 5 9	..	..	10
11	Bowmont, Franklin	9.18	96	..	1,429	69	1,498	10,601	5,531	..	..	..	..	17,630	11	12,563	1,932	1,313	917	603	194	17,522	..	12	5 4 10	47 2 2	..	..	11
12	Campbell Town	15.13	..	..	2,637	734	3,371	19,166	7,805	..	36	..	15	30,393	12	19,517	3,361	4,848	1,234	809	624	30,393	..	..	5 5 8	45 10 0	..	..	12
13	Flinders	2.34	..	900	256	..	256	8,215	1,265	..	..	..	108	9,844	13	7,419	371	1,213	328	697	49	10,277	..	467	12 0 1	67 12 3	..	..	13
14	King Island	4.24	..	210	635	382	1,017	18,008	4,262	..	..	..	171	23,458	14	13,512	2,398	3,767	1,420	1,598	1,024	23,719	51	..	13 16 11	72 4 4	11 4	0 17 2	14
15	New Norfolk	12.98	..	1,058	1,991	135	2,126	9,575	6,887	..	..	..	11	18,599	15	13,619	2,045	2,712	574	530	169	19,649	..	8	4 2 8	29 19 11	..	..	15
16	N. E. Soldiers Memorial, Scottsdale	19.50	96	..	3,260	684	3,944	23,746	8,598	..	..	..	84	36,372	16	25,102	2,426	4,539	1,795	1,407	871	36,140	..	136	5 1 7	54 6 6	..	..	16
17	Ouse	4.29	..	19	675	..	675	7,220	2,692	..	..	..	18	10,605	17	7,625	1,184	1,082	321	534	129	10,875	251	..	6 18 5	42 9 7	..	..	17
18	Rosebery	3.61	..	4	421	..	421	5,821	2,260	..	..	..	5	8,507	18	6,730	770	776	98	319	4	8,697	186	..	6 11 4	42 12 8	..	..	18
19	St. Marys	10.90	..	53	1,802	632	2,434	12,191	5,432	87	..	..	172	20,316	19	13,560	2,112	2,855	1,483	640	390	21,040	671	..	5 4 2	54 10 10	9 8	0 11 2	19
20	Smithton	4.58	..	367	678	56	734	6,014	3,671	..	2	..	13	10,434	20	7,835	1,009	918	314	267	164	10,507	..	294	6 5 6	48 3 0	..	..	20
21	Toosey Memorial, Longford	16.01	..	226	2,609	373	2,982	18,169	7,439	80	115	..	10	28,795	21	20,117	2,923	3,105	1,463	978	361	28,947	..	74	4 18 9	51 1 1	..	..	21
22	Ulverstone (inc. Levenbank)	20.28	..	239	3,363	896	4,259	22,707	9,761	..	9	19	23	36,778	22	25,794	3,311	3,135	3,055	1,241	494	37,030	13	..	5 0 0	31 6 0	..	..	22
23	Zeehan	19.64	..	559	3,036	978	4,014	14,577	11,780	144	50	..	98	30,663	23	17,596	3,494	4,502	2,878	1,216	946	30,632	..	590	3 19 6	79 19 5	10 2	1 9 1	23
	Totals	165.75	192	4,786	26,747	5,600	32,347	190,456	87,389	322	218	102	728	311,562		212,492	30,560	37,986	17,830	11,714	5,757	316,339	1,764	1,581	5 2 7	45 16 6	10 8	1 0 8	
	Total Public Hospitals	1,112.01	361	22,978	173,070	72,435	245,505	1,518,979	595,539	24,475	382	982	6,933	2,392,795		1,580,785	226,061	235,644	229,330	97,050	44,611	2,413,481	2,720	4,651	5 6 3	60 12 0	13 9	2 8 11	
24	District Nursing Centres (14) with Hospital beds	15.70	..	..	2,721	..	2,721	58,408	8,663	418	..	..	..	70,210	24	49,425	4,747	7,699	1,772	2,274	4,293	70,210	..	..	9 4 6	75 0 0	15 2	1 2 7	24
	Hospitals for Care of Aged:																												
25	Cosgrove Park, Launceston	160.54	..	31	13,151	..	13,151	89,010	4,056	..	..	..	599	106,816	25	70,074	12,860	17,116	1,241	1,277	4,055	106,623	..	224	1 14 11	403 14 0	..	..	25
26	St. John's Park, New Town	414.93	..	..	32,560	..	32,560	213,153	38,999	..	..	..	..	284,712	26	192,789	38,701	36,713	2,254	5,645	8,610	284,712	..	..	1 17 6	449 15 8	..	..	26
27	Spencer Home, Wynyard	33.22	..	206	..	..	..	15,876	4,971	..	..	..	..	20,847	27	15,639	2,827	2,008	128	152	298	21,052	..	1	1 14 8	438 11 8	..	..	27
	Totals	607.65	..	237	45,711	..	45,711	318,039	48,026	..	..	..	599	412,375		278,502	54,388	55,837	3,623	7,074	12,963	412,387	..	225	1 16 8	436 13 10	..	..	
	Miscellaneous:																												
28	Peacock	14.87	..	632	2,337	..	2,337	3,211	8,186	..	12	..	56	13,802	28	10,590	1,636	1,120	237	540	266	14,389	..	45	2 12 10	32 15 7	..	..	28
29	Millbrook Rise Psychopathic Home	17.31	..	..	2,194	107	2,301	13,018	11,782	..	..	..	..	27,101	29	19,827	3,308	2,765	454	702	45	27,101	..	..	4 5 6	126 7 2	..	..	29
30	Mothercraft Home	13.03	..	..	1,291	..	1,291	18,236	3,657	..	..	..	..	23,184	30	16,443	2,461	2,339	206	249	1,486	23,184	..	..	4 17 3	134 15 9	..	..	30
	Totals	45.21	..	632	5,822	107	5,929	34,465	23,625	..	12	..	56	64,087		46,860	7,405	6,224	897	1,491	1,797	64,674	..	45	..	..	..	..	
	GRAND TOTALS	1,780.57	361	23,847	227,324	72,542	299,866	1,929,891	675,853	24,893	394	982	7,588	2,939,467		1,955,572	292,601	305,404	235,622	107,889	63,664	2,960,752	2,720	4,921	..	..	..	..	

* Including Pathology Laboratory.

Comparison

Year	Commonwealth Aid	State Aid	Patient's Fees	Donations, &c.	Interest from Bequests	Miscellaneous Receipts	Total Receipts	Salaries and Wages	Provisions	Domestic	Dispensary and Surgical	Administration and Miscellaneous	Repairs	Total Payments	Yearly Increase	Cost Per Daily Occupied Bed	Cost Per Out-Patient Attendance
	£ %	£ %	£ %	£ %	£ %	£ %	£ %	£ %	£ %	£ %	£ %	£ %	£ %	£ %	%	s. d.	s. d.
1956–57	254,377 = 10.38	1,617,868 = 66.01	574,831 = 23.45	583 = 0.02	1,115 = 0.05	2,237 = 0.09	2,451,011 = 100	1,606,770 = 65.45	286,727 = 11.68	252,658 = 10.29	185,223 = 7.54	76,991 = 3.14	46,619 = 1.90	2,454,988 = 100	8.77	96 10	11 8
1957–58	282,043 = 10.77	1,697,373 = 64.83	634,016 = 24.22	448 = 0.02	948 = 0.04	3,103 = 0.12	2,617,931 = 100	1,673,941 = 64.50	274,455 = 10.58	283,004 = 10.90	208,410 = 8.03	89,885 = 3.46	65,629 = 2.53	2,595,324 = 100	5.72	96 4	12 8
1958–59	287,267 = 10.67	1,752,567 = 65.08	646,469 = 24.00	217 = 0.01	907 = 0.03	5,726 = 0.21	2,693,153 = 100	1,761,099 = 65.12	280,343 = 10.37	280,670 = 10.38	228,826 = 8.46	92,236 = 3.41	61,184 = 2.26	2,704,358 = 100	4.20	98 4	14 4
1959–60	299,866 = 10.20	1,929,891 = 65.65	700,746 = 23.84	394 = 0.01	982 = 0.03	7,588 = 0.26	2,939,467 = 100	1,955,572 = 66.05	292,601 = 9.88	305,404 = 10.32	235,622 = 7.96	107,889 = 3.64	63,664 = 2.15	2,960,752 = 100	9.48	106 3	13 9

TABLE 6.

General Statistics of Public Hospitals for Year ended 30th June, 1960.

IN-PATIENTS

No.	Hospital	Average Daily No.	Beds Available: Non-Public General	Non-Public Maternity	Public General	Public Cots	Public Maternity	Public Infectious	Total Beds	No.	Number Treated: Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Totals In-Patient	Bed Days: Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Total Bed Days	No.	Daily Average of Occupied Beds: Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Total Daily Average	No.	Average Length of Stay—Days: Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Average All Patients	Births (Total Deliveries)	OUT-PATIENTS: Number Persons Registered	Total Attendances	Av. No. of Visits per Person Treated	No.
	Base General Hospitals:																																								
1	Royal Hobart (including Wingfield Home for Crippled Children)	372.15	..	..	331	64	64	11	470	1	..	..	9,534	1,356	55	10,945	..	..	119,912	15,372	922	136,206	1	..	..	327.63	42.00	2.52	372.15	1	..	..	12.58	11.34	16.76	12.45	1,052	52,789	161,041	3.05	1
																						7,102	2	..	..	19.40	..	..	19.40	2	..	..	13.93	..	..	13.93	..	552	6,619	11.99	2
2	Lady Clark	19.4	..	..	40	..	..	..	40	2	..	..	510	..	..	510	..	..	7,102	..	..			..	..	241.71	..	0.78	242.49	3	..	..	15.06	..	12.48	15.05	..	16,088	92,863	5.77	3
3	Launceston General	242.49	..	..	266	49	..	18	333	3	..	..	5,875	..	23	5,898	..	..	88,466	..	287	88,753	3																		
	Totals	634.04	..	..	637	113	64	29	843		..	..	15,919	1,356	78	17,353	..	..	215,480	15,372	1,209	232,061		..	..	588.74	42.00	3.30	634.04		..	..	13.54	11.34	15.50	13.37	1,052	69,429	260,525	3.75	
	Regional Hospitals:																																								
4	Burnie	51.86	..	..	36	6	21	..	63	4	..	..	1,809	809	10	2,628	..	..	12,296	6,619	71	18,986	4	..	..	33.59	18.08	0.19	51.86	4	..	..	6.80	8.18	7.10	7.22	709	6,323	15,525	2.45	4
5	Lyell, Queenstown	37.63	..	..	46	..	14	..	60	5	..	..	1,084	174	..	1,258	..	..	11,766	2,005	..	13,771	5	..	..	32.15	5.48	..	37.63	5	..	..	10.85	11.52	..	10.95	135	2,654	9,140	3.44	5
6	Mersey, Latrobe	73.93	..	..	71	13	39	2	125	6	..	..	1,571	620	..	2,191	..	..	20,997	6,061	..	27,058	6	..	..	57.37	16.56	..	73.93	6	..	..	13.37	9.78	..	12.35	517	4,074	19,126	4.69	6
7	Spencer, Wynyard	47.26	..	..	56	10	12	..	78	7	..	..	1,148	220	2	1,370	..	..	15,273	2,014	11	17,298	7	..	..	41.73	5.50	0.03	47.26	7	..	..	13.30	9.15	5.50	12.63	207	2,071	4,039	1.95	7
	Totals	210.68	..	..	209	29	86	2	326		..	..	5,612	1,823	12	7,447	..	..	60,332	16,699	82	77,113		..	..	164.84	45.62	0.22	210.68		..	..	10.75	9.16	6.83	10.35	1,568	15,122	47,830	3.16	
	Maternity Hospitals:																																								
8	Queen Alexandra, Hobart	48.74	..	36	..	..	14	..	50	8	..	1,364	181	167	..	1,712	..	14,196	2,075	1,566	..	17,837	8	..	38.79	5.67	4.28	..	48.74	8	..	10.41	11.46	9.38	..	10.42	1,462	271	1,145	4.22	8
9	Queen Victoria, Launceston	52.80	..	48	..	..	16	..	64	9	..	2,141	132	113	..	2,386	..	16,230	2,142	956	..	19,328	9	..	44.34	5.85	2.61	..	52.80	9	..	7.58	16.23	8.46	..	8.10	1,959	96	422	4.39	9
	Totals	101.54	..	84	..	..	30	..	114		..	3,505	313	280	..	4,098	..	30,426	4,217	2,522	..	37,165		..	83.13	11.52	6.89	..	101.54		..	8.68	13.47	9.01	..	9.07	3,421	367	1,567	4.27	
	Rural Hospitals:																																								
10	Beaconsfield	23.07	..	..	23	6	6	..	35	10	..	..	800	29	..	829	..	..	8,184	260	..	8,444	10	..	..	22.36	0.71	..	23.07	10	..	..	10.23	8.97	..	10.19	25	..	..	..	10
11	Bowmont, Franklin	9.18	..	..	8	..	8	..	16	11	..	..	212	162	..	374	..	..	1,900	1,462	..	3,362	11	..	..	5.19	3.99	..	9.18	11	..	..	8.96	9.02	..	8.99	143	..	..	..	11
12	Campbell Town	15.13	..	..	17	4	8	..	29	12	..	..	504	139	..	643	..	..	4,458	1,080	..	5,538	12	..	..	12.18	2.95	..	15.13	12	..	..	8.85	7.77	..	8.61	139	..	..	..	12
13	Flinders Island	2.34	..	..	6	2	6	..	14	13	..	..	112	40	..	152	..	..	490	366	..	856	13	..	..	1.34	1.00	..	2.34	13	..	..	4.38	9.15	..	5.63	35	400	610	1.53	13
14	King Island	4.24	..	..	7	4	8	2	21	14	..	..	217	81	..	298	..	..	974	580	..	1,554	14	..	..	2.66	1.58	..	4.24	14	..	..	4.49	7.16	..	5.21	65	2,558	3,885	1.52	14
15	New Norfolk	12.98	..	..	8	4	12	..	24	15	..	..	398	257	..	655	..	..	2,604	2,148	..	4,752	15	..	..	7.11	5.87	..	12.98	15	..	..	6.54	8.36	..	7.25	255	..	..	..	15
16	N.E. Soldiers' Memorial, Scottsdale	19.50	..	..	20	6	9	..	35	16	..	..	565	102	..	667	..	..	6,299	837	..	7,136	16	..	..	17.21	2.29	..	19.50	16	..	..	11.14	8.21	..	10.70	57	..	..	..	16
17	Ouse	4.29	..	..	2	1	10	..	13	17	..	..	130	126	..	256	..	..	682	889	..	1,571	17	..	..	1.86	2.43	..	4.29	17	..	..	5.25	7.06	..	6.14	81	..	..	..	17
18	Rosebery	3.61	..	..	6	1	6	..	13	18	..	..	132	72	..	204	..	..	818	506	..	1,324	18	..	..	2.23	1.38	..	3.61	18	..	..	6.20	7.03	..	6.49	58	..	..	..	18
19	St. Marys	10.90	..	..	15	3	3	..	21	19	..	..	318	63	..	381	..	..	3,464	527	..	3,991	19	..	..	9.46	1.44	..	10.90	19	..	..	10.89	8.37	..	10.48	59	316	402	1.16	19
20	Smithton	4.58	..	..	..	..	10	..	10	20	..	..	11	207	..	218	..	..	113	1,561	..	1,674	20	..	..	0.31	4.27	..	4.58	20	..	..	10.27	7.54	..	7.68	192	..	..	..	20
21	Toosey Memorial, Longford	16.01	..	..	14	3	8	..	25	21	..	..	415	152	..	567	..	..	4,517	1,344	..	5,861	21	..	..	12.34	3.67	..	16.01	21	..	..	10.88	8.84	..	10.34	109	..	..	..	21
22	Ulverstone (including Levenbank)	20.28	..	..	20	2	11	..	33	22	..	..	957	226	..	1,183	..	..	5,144	2,282	..	7,426	22	..	..	14.05	6.23	..	20.28	22	..	..	5.37	10.10	..	6.28	207	..	..	..	22
23	Zeehan	19.64	..	..	30	5	6	..	41	23	..	..	315	42	..	357	..	..	6,499	687	..	7,186	23	..	..	17.76	1.88	..	19.64	23	..	..	20.62	16.36	..	20.13	43	1,433	4,115	2.87	23
	Totals	165.75	..	..	176	41	111	2	330		..	..	5,086	1,698	..	6,784	..	..	46,146	14,529	..	60,675		..	..	126.06	39.69	..	165.75		..	..	9.07	8.56	..	8.94	1,508	4,737	9,012	1.90	
	Total Public Hospitals	1,112.01	..	84	1,022	183	291	33	1,613		..	3,505	26,930	5,157	90	35,682	..	30,426	326,175	49,122	1,291	407,014		..	83.13	891.16	134.20	3.52	1,112.01		..	8.68	12.11	9.53	14.34	11.41	7,549	89,655	318,934	3.56	
24	*District Nursing Centres* (14 with beds)	15.70	..	..	15	..	37	..	52	24	..	..	360	347	..	707	..	..	2,503	3,244	..	5,747	24	..	..	6.84	8.86	..	15.70	24	..	..	6.95	9.35	..	8.13	325	15,207	22,730	1.49	24
	Miscellaneous:																																								
25	Peacock	14.87	..	..	18	..	..	..	18	25	..	..	437	..	2	439	..	..	5,434	..	9	5,443	25	..	..	14.85	..	0.02	14.87	25	..	..	12.43	..	4.50	12.40	..	..	..	..	25
26	Millbrook Rise Psychopathic Home	17.31	..	..	50	..	..	..	50	26	..	..	214	..	..	214	..	..	6,337	..	..	6,337	26	..	..	17.31	..	..	17.31	26	..	..	29.61	..	..	29.61	..	..	..	..	26
27	Mothercraft Home	13.03	..	..	4	21	..	..	25	27	..	..	172	..	..	172	..	..	4,769	..	..	4,769	27	..	..	13.03	..	..	13.03	27	..	..	27.73	..	..	27.73	..	..	..	..	27
	Grand Total	1,172.92	..	84	1,109	204	328	33	1,758		..	3,505	28,113	5,504	92	37,214	..	30,426	345,218	52,366	1,300	429,310		..	83.13	943.19	143.06	3.54	1,172.92		..	8.68	12.28	9.51	14.13	11.54	7,874	104,862	341,664	3.26	
	COMPARISONS																																								
	Year 1956–57	1,095.56	50	83	1,038	200	322	33	1,726		217	2,998	24,132	5,748	119	33,214	7,394	28,279	307,191	54,499	2,515	399,878		20.26	77.48	841.62	149.31	6.89	1,095.56		34.07	9.43	12.73	9.48	21.13	12.04	7,272	109,396	334,957	3.05	
	Year 1957–58	1,145.89	50	84	1,049	203	318	33	1,737		219	3,015	25,691	6,088	54	35,067	7,153	28,820	323,550	57,875	853	418,251		19.60	78.96	886.44	158.56	2.33	1,145.89		32.66	9.56	12.59	9.51	15.80	11.93	7,630	100,172	325,695	3.25	
	Year 1958–59	1,157.13	..	84	1,100	200	320	33	1,737		..	3,334	27,099	5,905	68	36,406	..	29,668	335,107	56,487	1,600	422,352		..	81.28	918.10	154.77	2.98	1,157.13		..	8.90	12.37	9.57	16.03	11.60	7,720	109,704	330,272	3.10	
	Year 1959–60	1,172.92	..	84	1,109	204	328	33	1,758		..	3,505	28,113	5,504	92	37,214	..	30,426	345,218	52,366	1,300	429,310		..	83.13	943.19	143.06	3.54	1,172.92		..	8.68	12.28	9.51	14.13	11.54	7,874	104,862	341,664	3.26	

TABLE 7.

General Statistics for Care of Aged and Invalids for Year ended 30th June, 1960.

No.	Hospitals	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year	Bed Days		
		General	Hospital	Total	General	Hospital	Total		Not Qualified for Hospital Benefits	Qualified for Hospital Benefits	Total
1	Cosgrove Park	70.67	89.87	160.54	82	90	172	254	25,866	32,892	58,758
2	St. John's Park	192.58	222.35	414.93	257	238	495	633	70,486	81,380	151,866
3	Spencer ..	33.22	..	33.22	34	..	34	48	12,159	..	12,159
	Total ..	296.47	312.22	608.69	373	328	701	936	108,511	114,272	222,783

TABLE 8.

PRIVATE HOSPITALS.

		Beds General	Beds Maternity
Licences issued—			
Hobart	2	24	3
Launceston	1	....	4
Country	3	8	10
Hospitals exempt from licence (Section 54 (3))—			
Hobart	2	175	35
Launceston	2	85	....
	10	292	52

MIGRANT MEDICAL PRACTITIONERS.

The migrant practitioner who commenced his 12 months' training course on 1st October, 1958, took his examination at the end of September, 1959, and passed satisfactorily. He was appointed to the Government Medical Service and posted to Flinders Island.

GOVERNMENT MEDICAL SERVICE.

There are 15 municipalities remaining in the scheme and the agreements have been renewed for a further two years from 1st July, 1959.

GOVERNMENT NURSING SERVICE.

Tourist Nursing Division.

The Tourist Nursing Division continues to be a valuable means of supplementing country hospital staffs and the District Nursing Centres Division of the Department. Entire staffs of some of the smaller hospitals and District Nursing Centres have been supplied consistently from this source. Demand still exceeds the supply.

Opportunity for work and travel at the same time, which is offered by the Tourist Nursing Division, is very attractive to many Nursing Sisters from other countries and from other Australian States.

During the year there were 38 new appointments, 31 resignations, and 23 remaining on the staff at 30th June, 1960.

It is pleasing to note that from time to time some appointees have resigned at the end of six or twelve months' service, to enable them to accept more permanent appointments at a hospital of their choice.

The average length of service given remains at between six and twelve months.

District Nursing Centres Division.

Attached is a summary of work performed in the District Nursing Centres Division for the year 1959-60, during which 25 centres have been in successful operation. Of these 13 admit patients and 12 are without in-patient beds.

At Avoca a new Sister's residence, with a suite of rooms adjoining for visiting doctors, has been provided by the Department. The old Council building, formerly used as the centre residence, was vacated 10th July, 1959, when the Sister transferred to the new centre.

A new residence with surgery attached was erected during the year at Waratah, and control of this centre has been transferred to the Department from Mt. Bischoff Medical Union from 1st July, 1960.

The Department is negotiating with the Mine Management at Rossarden for transfer of this small residence. Renovations and extensions to it are planned for the near future.

Re-decorating and repairs to other centres have been maintained. New equipment and replacements have been provided, made possible as in former years by the generous assistance of Auxiliaries and other voluntary helpers. To these Bodies we are again greatly indebted. We particularly wish to thank the Red Cross Trust Fund, Northern Bush Nursing Association, local Auxiliaries, Country Women's Association, local Committees, Medical Unions, and all other individuals who have helped the Department in providing extra amenities for patients and staff.

Three local Committees still function at Lilydale, Storeys Creek and Rossarden.

Due to shortage of Nursing Sisters several of the centres had to be left unstaffed for short periods during annual and sick leave, which was unavoidable. With the aid of married staff and the Tourist Nursing Division, however, we have been fortunate in being able to keep most of the centres staffed and functioning continuously.

TABLE 9.

GOVERNMENT MEDICAL SERVICE

Summary of Attendances to Patients for the Year 1959-60.

District Medical Officer	Total No. of Patients Attended	Sex		Diagnosis			Classification				Time of Examination			Place of Examination			Mileage		X-Rays	Patients Admitted to Hospital	Patients Referred to Specialist
		M	F	Medical	Surgical	Ante-Natal	Public	Private	Workers' Compensation Cases	Old Age Pensioners	In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery	Domiciliary Visits	In Hours to be charged to Dept.	Out of Hours to be charged to Dept.			
Bruny Is.	949	433	516	910	21	18	931	18	..	..	922	15	12	328	2	619	4,624	..	..	9	..
Cygnet	9,662	4,828	4,834	7,731	1,635	296	7,026	2,272	292	72	7,542	1,580	540	5,312	..	4,350	14,975	18	36	37	22
Esperance	4,910	2,298	2,612	3,979	664	267	4,469	169	189	83	4,619	179	112	2,604	696	1,610	8,660	13	14	16	15
Evandale	7,299	3,736	3,563	6,438	857	4	6,665	602	23	9	6,686	364	249	3,838	1,403	2,058	11,928	231	5	2	..
Flinders Is.	4,720	2,401	2,319	3,507	856	357	4,436	146	126	12	4,509	136	75	3,290	451	979	8,695	301	75	62	2
George Town*	2,008	855	1,153	1,311	539	158	1,685	125	169	29	1,844	120	44	1,594	263	151	1,815	..	1	6	..
Glamorgan	4,012	1,782	2,230	3,069	703	240	3,963	22	14	13	3,984	20	8	1,858	1,547	607	11,217	..	..	6	8
Snug	9,164	4,795	4,369	6,643	2,510	11	8,313	659	104	88	8,413	502	249	5,758	1,643	1,763	11,253	..	7	15	14
Kingston B.	7,111	3,513	3,598	5,646	1,451	14	6,161	769	103	78	6,261	701	149	4,223	1,817	1,071	8,370	10	..	3	13
King Is.	5,408	2,906	2,502	3,518	1,420	470	4,764	309	328	7	5,259	97	52	4,610	771	27	8,004	..	45	43	21
New Norfolk	6,447	3,413	3,034	4,125	2,115	207	5,929	244	230	44	6,117	168	162	5,244	474	729	10,432	..	183	95	24
Maydena	5,368	2,993	2,375	2,237	3,028	103	4,223	390	644	111	4,770	318	280	3,401	365	1,602	7,258	..	..	..	..
Penguin	9,441	5,055	4,386	7,714	1,681	46	8,317	839	81	204	8,380	805	256	8,440	199	802	6,725	76	55	36	60
Portland	7,307	3,610	3,697	5,092	1,725	490	6,732	271	120	184	6,856	291	160	4,502	686	2,119	10,035	..	67	64	33
Richmond	3,237	1,670	1,567	2,959	269	9	3,090	80	43	24	3,144	50	43	1,555	1,046	636	9,392	..	..	1	2
Ringarooma	5,147	2,660	2,487	3,984	987	176	4,552	431	51	113	4,228	763	156	2,366	1,968	813	6,989	176	23	40	43
Tasman	2,918	1,536	1,382	1,940	804	174	2,550	268	64	36	2,634	158	126	1,694	601	623	8,855	..	18	37	41
Total	95,108	48,484	46,624	70,802	21,266	3,040	83,806	7,614	2,581	1,107	86,168	6,267	2,673	60,617	13,932	20,559	149,227	825	529	472	298

* July and August only.

TABLE 10.

Summary of Work Performed in the District Nursing Centres Division, during the Year Ended 30th June, 1960.

Name of Centre	Hospital Bed Capacity	Visits to Centre	Visits to Patients	In-Patients Bed Days	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Collected £	s.	d.
SOUTH:												
Alonnah, Bruny Is. ..	2	1,119	397	107	..	32	638	12	1,639	68	1	6
Cygnet	5	854	1	785	36	107	872	..	1	1,116	2	0
Dover	5	192	2	551	23	136	11	..	1	338	12	0
Koonya, Tas. Pen. ..	5	985	..	349	11	63	146	..	5,359	445	0	0
Oatlands	5	6,565	40	345	11	136	362	..	798	789	17	0
Southport*	2	501	19	..	..	9	218	..	68	2	15	0
Strahan	..	2,305	1,646	..	..	119	113	..	6,452	20	5	0
Swansea	4	2,896	167	377	26	168	1,065	27	2,539	369	5	0
Triabunna	3	2,946	137	76	8	74	454	1	549	226	1	9
Totals: 9 Centres ..	31	18,363	2,409	2,590	115	844	3,879	40	17,406	3,375	19	3
NORTH:												
Avcoa	..	2,514	182	..	..	8	348	9	155	32	7	6
Cape Barren Island ..	1	1,195	188	311	2	31	65	3	144	30	3	0
George Town	5	166	..	805	82	231	62	..	..	1,579	16	0
Gladstone	..	1,377	945	..	..	154	550	2	6,559	44	7	0
Grassy, King Island ..	..	2,295	90	..	..	124	1,041	..	5,530	23	9	0
Lilydale	..	1,103	1,030	..	..	24	625	4	6,398	274	1	10
Mole Creek	..	1,249	480	..	..	..	732	..	2,197	55	3	4
Redpa†..	..	1,430	649	..	..	48	419	13	2,556	10	16	0
Ringarooma‡	..	2,447	167	..	..	53	216	..	2,376	53	4	8
Rossarden	..	5,459	2,496	..	..	526	1,114	..	8,977	44	10	0
St. Helens	6	365	2	913	42	217	316	..	5	1,096	7	0
Sheffield	5	46	8	658	61	..	4	..	10	1,092	1	8
Storeys Creek‡ ..	..	2,747	1,801	..	..	71	228	..	3,214	..		
Tullah	1	700	94	7	2	16	21	..	82	34	10	0
Waratah	..	711	538	..	..	20	172	4	3,300	2	11	0
Westbury	3	22	1	428	17	10	1	..	..	500	14	0
Totals: 16 Centres ..	21	23,826	8,671	3,122	206	1,533	5,914	35	41,503	4,874	2	0
Grand Totals: 25 Centres	52	42,189	11,080	5,712	321	2,377	9,793	75	58,909	8,250	1	3
COMPARATIVE FIGURES FOR 5 YEARS — 1956 TO 1960												
1955–56: 29 Centres ..	70	51,952	8,565	5,940	371	3,565	9,282	104	49,804	8,572	19	4
1956–57: 29 Centres ..	70	53,338	10,616	4,211	268	2,788	9,810	100	54,748	7,488	11	1
1957–58: 26 Centres ..	54	46,877	14,983	4,715	292	2,856	10,199	120	56,127	8,446	13	4
1958–59: 26 Centres ..	57	49,192	11,379	5,687	292	2,504	10,765	94	57,028	8,524	15	5
1959–60. 25 Centres ..	52	42,189	11,080	5,712	321	2,377	9,793	75	58,909	8,250	1	3

* Closed 8 weeks. † Closed 3 weeks. ‡ Closed 2 weeks.

Staff.

Once again, it is my very pleasant duty to thank most sincerely officers and staff of the Department for the great support they have given me by their competence during the year. I also wish to acknowledge with gratitude their kindness and loyalty.

Dr. J. H. R. Tremayne has acted for me on a number of occasions during the year, and to him I wish to accord my special thanks.

I have, &c.,

JOHN EDIS, M.R.C.O.G. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.R.S.H. (Lond.).

Director-General of Health Services.

REPORT OF THE DIRECTOR OF ORTHOPAEDIC SERVICES FOR THE YEAR ENDED 30th JUNE, 1960.

1. ACCIDENTS AND INJURIES.

Road accidents continue to form the main proportion of our admissions to the Orthopaedic Wards, but I feel that with the increase of transport on the roads these will always continue to be one of our major problems. The treatment of these in all Hospitals in the State, I consider, is very efficient.

In the Hobart and Launceston Hospitals they have excellent follow-up Fracture Clinics where these cases are seen and followed up subsequent to their discharge as In-Patients. In the Burnie and Mersey Hospitals they also have follow-up Clinics, which of course are much smaller, and these are functioning very efficiently.

2. REHABILITATION.

(*a*) The Rehabilitation Centre at Claremont still continues to do excellent work. The following are the comparative figures for the previous year and this:—

1959		1960	
In-Patients	Out-Patients	In-Patients	Out-Patients
430	425	483	562

There has been a substantial increase of 150 Out-Patients during the present year.

The Repatriation Department is also very interested in the rehabilitation of their patients, and has asked if some of their patients could be treated at Claremont. There is ample accommodation at the present time for this to be carried out and we would welcome this from a financial point of view. We have a responsibility to the Repatriation Department for, when the Hospital purchased the Claremont Rehabilitation Centre from the Red Cross, it did so on the understanding that, if necessary, the Repatriation Hospital could always have available the facilities which exist there up to six beds.

(*b*) *Rehabilitation of the Aged.* The majority of these are aged females, and at present they are housed at Wingfield where they have their physiotherapy and occupational therapy until they become ambulant. I think it would be desirable if these people could be segregated into some other part of the Institution away from the children at Wingfield.

3. TREATMENT OF CEREBRAL SPASTIC PARALYSIS.

This continues to be carried out satisfactorily in the South by Dr. Ailsa Marshall, and in the North Dr. David McIntyre has undertaken the care of these children. The accommodation for these children, in both Hobart and Launceston, is excellent and their treatment is proceeding very satisfactorily.

4. INFANTILE PARALYSIS.

There were no cases of Infantile Paralysis reported last year. It is hoped that the Salk Vaccine has sounded the death knell of this dreaded disease. However, there are still cases of children who have been affected in the past and require supervision during their growth period. They require to be supplied with surgical braces which need changing during their growth to help them in walking and also prevent deformity occurring.

5. SURGICAL TUBERCULOSIS.

I am glad to say that the number of these cases shows a very definite diminution which is an indication of the success of the campaign to eradicate tuberculosis in the community.

6. SPLINTS AND SURGICAL APPLIANCES.

The supply of these splints on the whole is entirely satisfactory. There is some time lag but not sufficient to warrant any increase in the staff at either Hobart or Launceston Hospital.

7. ARTIFICIAL LIMBS.

As already reported last year, the Repatriation Department has considerably assisted the supply of artificial limbs to civilians, and the time lag now is quite short and reasonable. A close liaison has been established between the Repatriation Limb Factory's Prosthesis Expert, Dr. Klein, and the Hospital.

8. TRAVELLING.

The North and North-west Hospitals have been visited at three month intervals. At these visits opportunity has been taken, if possible, to examine old cases, and also demonstrate and teach any new methods of procedure. Problem cases are seen in consultation, methods of treatment discussed and suggestions for management given.

9. TEACHING.

Every effort is being made to teach and instruct the other Orthopaedic Surgeons in the Island. In the South, once a month, we have a Clinic in which certain types of cases are brought for periodical review. This has proved most valuable to all concerned, the same has also been carried out on my visits to the North and North-west Coast.

10. PARAPLEGIC CENTRE.

As already stated last year, after due consideration it was considered that the number of cases in the State was not sufficient to establish a centre, but we have adopted the policy that as soon as they are able to travel they are transferred to the Spinal Injury Centre at Austin Hospital, Victoria, to undergo rehabilitation treatment. During the last year we have sent across two from the South and two from the North, and this has proved quite satisfactory.

In the South we are establishing a follow-up service for these patients. The idea of this is to make sure that they are keeping fit, caring for themselves and taking their place in the community, and at the same time we are checking up on their progress. It is hoped to also start some games for them at Claremont. We hope to enlist the aid of Mr. Roper, who was treated at Stoke Mandeville, England, to act as a leader to them.

11. REPORT ON PROFESSIONAL WORK AT THE HOSPITALS.

Taking the position right throughout the State, the standard of the professional work is excellent. Dr. Hogg has been joined by Dr. David McIntyre as Assistant Orthopaedic Surgeon at the Launceston General Hospital, which serves the immediate North, and this will add to the surgical strength of this Hospital.

Drs. Ferris and O'Brien are at the Mersey and Burnie Hospitals respectively and serve the North-west Coast. Dr. Hogg visits there as consultant each month, and I pay a visit every three months to these Hospitals.

Dr. Crawford at the Queenstown Hospital is also doing first class work, and serving the West Coast.

Dr. Law continues as my Assistant at the Royal Hobart Hospital, and has added considerably to the surgical strength of this Hospital.

I am quite happy that there will be continuity of service in both the North and South when the seniors come to retirement.

I should like to place on record my keen appreciation of the loyal help which I have received from my Medical Colleagues, from the Nursing, Physiotherapy and Lay Staffs of the Hobart, Launceston, Burnie, Devon and Queenstown Hospitals, and the Lady Clark Rehabilitation Centre.

D. W. L. PARKER, O.B.E., M.Ch.Orth., F.R.C.S., F.R.A.C.S.,
Director of Orthopaedic Services.

REPORT OF THE DIRECTOR OF PATHOLOGY FOR THE YEAR ENDED 30th JUNE, 1960.

During the last twelve months there has been little change in the scope of the pathology services in Tasmania. It is felt that the services are reasonably adequate, and any improvement would mean a big increase in expenditure.

BURNIE.

This laboratory has performed the pathology for the North-west Coast area. Its routine was seriously upset by the resignation of Dr. Quinlan early in 1960. In spite of advertisements for a Pathologist inserted in medical journals in Australia and the United Kingdom over a period of many months, no suitable applications have been received. The inference to be drawn from this is that the salary offered is insufficient, and the remedy rests in the hands of the Public Service Tribunal.

In the meantime most of the routine pathology is being carried on under the supervision of Mr. Nute, who is a highly qualified technician from England.

DEVONPORT.

A small laboratory has been opened at the out-patients department. Mr. Stevens, of Canada, is offering an efficient service, which is of great assistance to Devonport practitioners.

LATROBE.

The laboratory in the new Mersey Hospital is truly magnificent—the best in Tasmania. It has been decided that this will be the head laboratory for the North-west Coast area. It should be in use by the end of 1960, but, without a Pathologist, it cannot function properly.

LAUNCESTON.

Mr. Manoim's laboratory has continued to work fully and efficiently. Its value to the Launceston General Hospital is great and beyond dispute.

HOBART.

Dr. Hamilton has rightly earned the respect of all concerned with his department. There have been some difficulties in obtaining full staff but we now have four highly qualified key personnel and the position is very satisfactory.

MEDICO-LEGAL WORK.

Since the resignation of Dr. Quinlan, coroner's autopsies have been performed by local practitioners. This is not a satisfactory arrangement at all but, until a new pathologist is appointed, there is no alternative.

TRAINING OF NURSES.

A sub-committee appointed to enquire into nurses' training methods recommended, inter alia, that more use should be made of visual aids. As an experiment, several hundred lantern slides have been prepared in the Hobart laboratory and will be in use for teaching.

CANCER DETECTION.

This service is being used by practitioners from all over the island. Very few early undiagnosed cancers have been detected, and the microscope work is arduous and tiring, but it is considered worth while.

RESEARCH.

The writer has tabulated accidents in Tasmania for the last 100 years. The information was obtained from coroners' inquests and from statistical reports. The figures proved informative and will be used in some way in the future.

CAMPBELL DUNCAN, Director of Pathology.

REPORT OF THE NURSES' REGISTRATION BOARD FOR THE YEAR ENDED 30TH JUNE, 1960.

PERSONNEL.

Dr. J. Edis, Chairman; Dr. C. Craig, Dr. P. Nolan, Dr. C. Petrovsky, Miss J. O. Brown, Miss B. L. Campbell, Mrs. B. M. Stephen, Miss N. Winwood, Miss L. M. Zwar.

MEETINGS.

Five ordinary meetings were held during the year.

LEGISLATION.

Regulations requiring midwives to notify infant deaths, still births, pyrexias, and transfers of mothers and babies were rescinded. All this information is available from other sources now.

TRAINING SCHOOLS.

General	9
Midwifery	6
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary (General)	4
Auxiliary (Geriatric)	1

Training at Zeehan District Hospital was discontinued as from 31st December, 1959.

STUDENT NURSES.

1. Applications for training approved—468.

General	264
Midwifery	100
Psychiatric	47
Child Health	18
Tuberculosis	2
Auxiliary (General)	22
Auxiliary (Geriatric)	15

2. Commenced training—496.

General	294
Midwifery	97
Psychiatric	45
Child Health	18
Tuberculosis	2
Auxiliary (General)	23
Auxiliary (Geriatric)	17

3. Completed training—278.

General	157
Midwifery	82
Psychiatric	3
Child Health	14
Tuberculosis	1
Auxiliary (General)	4
Auxiliary (Geriatric)	17

4. Resigned before completion of training—201.

General	131
Midwifery	13
Psychiatric	30
Child Health	1
Tuberculosis	....
Auxiliary (General)	23
Auxiliary (Geriatric)	3

5. Total number in training on 30.6.60—719.

General	551
Midwifery	86
Psychiatric	36
Child Health	9
Tuberculosis	2
Auxiliary (General)	18
Auxiliary (Geriatric)	17

EXAMINATIONS.

1. Educational examinations for intending student nurses.

One examination was held this year, there was one candidate only and she failed.

2. Examinations for registration:

Number held	2

This is instead of the usual three due to the fact that the June examinations have been put forward to July.

Number of candidates	190
Number passed	179
Number failed	11

Details of results:—

Subject	*No. of Candidates*	*Passed*	*Failed*
General	82	79	3
Midwifery	61	60	1
Psychiatric	7	2	5
Child Health	15	14	1
Tuberculosis	....	....	....
Aux. (General)	8	7	1
Aux. (Geriatric)	17	17	....
	190	179	11

REGISTRATION.

1. Applications approved—689.

General	409
Midwifery	205
Psychiatric	5
Child Health	29
Tuberculosis	2
Auxiliary (General)	22
Auxiliary (Geriatric)	17

2. Registration renewed—1473.

Number of persons who renewed registration	1,409
Number of persons who renewed Aux. registration	64
Total	1,473

3. Number of registrations current 30.6.60—3,083.

General	1,841
Midwifery	847
Psychiatric	80
Child Health	197
Tuberculosis	26
Auxiliary	92

4. Number of persons on current register—2,122.

	Persons	Registrations
General	1,086	1,086
General & Midwifery	534	1,068
General, Midwifery and Child Health	174	522
Midwifery only	120	120
Psychiatric only	60	60
Tuberculosis only	7	7
General and Psychiatric	10	10
General and Tuberculosis	8	16
General and Child Health	11	22
Midwifery and Child Health	2	4
General, Psychiatric and Tuberculosis	1	3
General, Midwifery and Tuberculosis	4	12
General, Midwifery and Psychiatric	3	9
General, Midwifery, Child Health and Tuberculosis	4	16
General, Midwifery, Child Health and Psychiatric	4	16
General, Midwifery, Psychiatric, Child Health and Tuberculosis	2	10
	2,030	2,991
Auxiliary (Gen. 55 Geriatric 37)	92	92
	2,122	2,122

NOTE.—Some nurses registered as Midwifery only or Midwifery and Child Health, have been registered as general nurses as well, but general registration, having been effected earlier, has lapsed and not been renewed.

POST GRADUATE.

Post Graduate Diplomas—19.

Nursing Administration	4
Sister Tutor	3
Midwife Tutor	3
Psychiatric Tutor	1
Ward Sister	5
Theatre Management and Teaching	3

CENTRAL PRELIMINARY TRAINING SCHOOL.

Preliminary Blocks—3 have been held.

52 students attended.
42 passed.
8 failed.
2 resigned.

Second Blocks—3 have been held.

34 students have attended.
23 passed.
11 failed.

86 students have attended the six blocks during the year.

GENERAL.

During this year training has been discontinued at Zeehan District Hospital.

Owing to concessions in training given to students who commenced a four year training before it was reduced to three years, very large numbers of students have been present at the last two examinations. This situation is expected to continue into 1961. Examinations are still being held simultaneously in Hobart and Launceston and this is proving quite satisfactory.

Many applications for training are being received from foreign students but many of them do not possess the educational standard required. It is noted, also, that many of these girls are accepted by the training schools, but they either change their minds or cannot complete arrangements with the Immigration authorities, and do not come.

The new curriculum has been in use for approximately two and a half years and a sub-committee has commenced reviewing it. It is felt that, now it has been tested for this period, a number of adjustments will be made, but on the whole, those concerned with the training of nurses feel the curriculum has been satisfactory.

There is no shortage of student nurses in the city training schools, most of which have a waiting list. However, some of the country training schools are still short of students.

JOHN EDIS, Chairman.
L. H. SIDEBOTTOM, Secretary.

REPORT OF THE HANDICAPPED CHILDREN'S ADVISORY COUNCIL FOR THE YEAR ENDED 30TH JUNE, 1960.

During the year, the above-mentioned Council, composed of representatives of the Crippled Children's Society, Spastic Children's Fund Committee and the Retarded Children's Welfare Association, has met on only one occasion.

However, strong representations have been made to the Commonwealth Minister for Health in an endeavour to persuade the Commonwealth to make greater subsidies available to assist the States in caring for handicapped children. The Council also recommended to the Government that a subsidy of £3,000 per year be paid to the Retarded Children's Welfare Association to assist them in maintaining the Yalambee Hostel at Glenorchy.

Another matter that has been investigated and is under consideration by the Director of Mental Health is the housing of handicapped mental defective children. It is hoped that some firm proposition will be placed before the Government in the near future.

Thanks also must be extended to the Commissioner of Police for arranging for a census of handicapped children throughout the State. This will be of great value to the Council.

Congratulations are also offered to Mr. A. W. Voss, a member of the Council, who has been appointed a member of the Federal Body of the Crippled Children's Association.

Also it should be mentioned that the Cerebral Palsy Association of Australia has been accepted within the world organisation of that body.

JOHN EDIS, Chairman.

REPORT OF THE DENTAL MECHANICS' REGISTRATION BOARD FOR THE YEAR ENDED 30TH JUNE, 1960.

During the year 1959-60 the Dental Mechanics' Registration Board met on five occasions. A fourth examination was conducted for the registration of Dental Mechanics, Dr. A. R. T. Greenwood of Melbourne being appointed again as the Board's examiner.

The examination was conducted at the Royal Hobart Hospital. There was a written examination for candidates on Sunday, 31st January. Twelve candidates sat for the examination and, of these twelve, eleven were repeat candidates. Of these eleven candidates repeating the examination only four passed. The final result of the examination was that five candidates passed, one withdrew and six failed.

The total number of registered dental mechanics at present practising in this State is forty-one, and the Dental Mechanics' Registration Board will consider later in the year as to whether a further examination will be held prior to 30th June, 1961.

JOHN EDIS, Chairman.

REPORT OF THE NATIONAL FITNESS SECTION FOR THE YEAR ENDED 30TH JUNE, 1960.

Staff employed in the Section during the period was:—

Title	No. of Positions.	Station.
State Supervisor	One	Hobart
Regional Supervisor	One	Devonport
Field Officer	Three	Hobart (two) Launceston (one)
Field Officer	Two (appointed May, 1960)	Burnie (one) Hobart (one)

The section implemented the policy of the National Fitness Council of Tasmania under direction of the State Supervisor, acting as Chief Executive Officer of the Council.

Work of the section was dependent upon the National Fitness Council of Tasmania for all clerical service, and for the provision of facilities, equipment and finance for promotion programmes. Through lack of finance, it was necessary to organise all activities on a basis of reimbursement of costs from fees levied on recruited members and participants.

The major part of the work during the year was concerned with the recruitment and training of members and leaders for youth and recreation organisations, and advisory and practical assistance to existing organisations and authorities interested in National Fitness and Youth Work.

A rapid increase in community demands for the extension of recreation and youth activities was coupled with an acute shortage of material resources and trained leaders.

The establishment of the National Fitness Council Youth Camp at Port Sorell, which was opened by the Hon. the Minister on 19th March, 1960, has already proved a valuable asset for youth training programmes throughout Tasmania.

The following is a summary of the main features of promotion programmes organised and conducted by the section:—

Visits to Youth Clubs and Organisations—
Number of visits, 169;
Number of clubs, 66.

Advisory Service to club committees—54 committees.

Assistance with the formation of new Youth and Recreation Clubs—11 clubs, 5 co-ordinating agencies.

Leader Training Courses for Youth Work—24 sessions, 636 total attendance.

Community Meetings attended—18 meetings.

Sports Coaching Courses, and Beginners' classes—
Number of sports, 8.
Number of sessions, 764.
Total attendances, 12,286.

Sports Rosters organised and assisted—
Number of teams, 274.
Number of participants, 3,781.

Special Tournaments, Carnivals and Displays organised—
Number of events, 16.
Number of participants, 3,517.

School Vacation Sports Coaching Centres—
Number of centres, 3.
Period in days, 18.
Total attendance, 600.

Bush Walking and Youth Hostelling expeditions organised and conducted—
Number of events, 12.
Enrolment, 123.

Youth Camps—advised and assisted—19 camps—or organised and conducted—
Number of camps, 4.
Number of bednights, 594.

Major assistance to organisations—

1. Devonport Youth Centre Committee and A.Y.C. Recreation Centre at Moonah. Responsible for administration and supervision 1,970 competitors weekly.
2. Associated Youth Committee—29 member organganisations representing existing Youth organisations.
3. Youth Hostels Association of Tasmania—promotion and administration service.
   Number of members, 460.
   Number of bednights, 5,374.

Advisory and Technical Service to Club Leaders.

K. O. THOMAS, State Supervisor.

REPORT OF ST. JOHN'S PARK FOR THE YEAR ENDED 30TH JUNE, 1960.

GERIATRIC TRAINING.

Since St. John's Park was declared a Training School for Auxiliary Nurses (Geriatric Section) on the 3rd April, 1957, the staff has had three examinations held under the auspices of the Nurses' Registration Board, and up to date fifty-five persons have passed the examination for Geriatric nurses. This is very gratifying and the value of this training is most evident throughout the hospital wards, and is proving beneficial to both patients and staff.

DRY CLEANING AND STERILISATION OF BLANKETS.

The laundry staff has continued to provide an excellent service for St. John's Park and many other Government hospitals in the dry cleaning and sterilisation of blankets. The installation of the new Amazon ironer and folder and the washing machine has also been very beneficial to the efficient working of the laundry.

BUILDING PROGRAMME.

The new central kitchen at the Men's Division has been in operation since December, 1959, and this steam and electric unit, with all modern equipment, has considerably improved the cooking at St. John's Park, and a better meal and a more varied diet is now provided for both patients and staff.

The staff lecture hall has been completed and is used for the purpose of training the nurses. This is a decided acquisition and the staff are trained in a more congenial atmosphere.

The building for the male mental defectives has been completed, except for electric power. It would be occupied now had this service been provided.

The new Women's Hospital Block, comprising 52 beds, is almost completed and should be occupied shortly after Christmas. This will relieve the acute shortage of hospital beds, as there are over 300 names on the waiting list at St. John's Park for the Women's Division.

It is very gratifying to see the progress made at St. John's Park in the building programme during the past year, but it is urgently stressed that the staff at St. John's Park is working under great difficulty through the want of better facilities and amenities. It is hoped that urgent consideration can be given to the new Home for Nurses, a Staff Amenities Block, Male Hospital Ward, new Store, and new Offices.

CARLTON BEACH SUNSHINE CHALETS.

Ten acres of land have been purchased at Carlton Beach for the purpose of providing sunshine chalets and holiday accommodation for the residents at St. John's Park, and it is hoped in the future to be able to transfer residents of this Hospital to the holiday camp each year for an annual holiday. At the present time a staff cottage, sunroom lounges, chalets, and a community hall are in the process of being built. It is pointed out that all this building campaign is being carried on by voluntary labour, inaugurated by the Eastern Shore Apex Club, and I am deeply indebted to this organisation and to other skilled tradesmen and helpers who have assisted me during the past year in bringing this plan to fruition.

CHILD WELFARE BILL AND MENTAL DEFICIENCY ACT.

The Administration was successful in having the name of St. John's Park and the Government Institution for Defectives, St. John's Park, deleted from the Child Welfare Bill, and negotiations have been taking place with the Mental Deficiency Board for an institution to be built away from St. John's Park, where all mental defectives should be housed. This would be a decided advantage to the defective, and is the only answer for the future development of St. John's Park as a Hospital for the aged.

ST. JOHN'S PARK BOYS' AND GIRLS' SOCIAL CLUBS.

Once again a happy year has been spent at St. John's Park in the social activities of the Boys' and Girls' Clubs. The general spirit which exists is very heartening, and I would like to thank those officers who gave of their time voluntarily to make this project the success it is.

APPRECIATION.

My sincere thanks are due to the St. John's Park Kiosk Auxiliary for their donations throughout the year, and I would like to take this opportunity of thanking each member of the Auxiliary for the wonderful work done, I especially thank them for their very kind gift of four television sets, which has proved a great comfort to the aged people.

I would like to thank all organisations who have assisted me during the year to make the lives of the residents at St. John's Park a little happier by providing picnics, concerts, &c.

I wish to record my sincere appreciation and thanks for the conscientious and competent way in which all officers have worked for the Department during the year.

HOSPITAL STATISTICS.

Number of Beds Available.

Women's Division	162	including	68	hospital beds.
Male Division	335	including	171	hospital beds.
	497		239	

PATIENTS

Year	Number of Residents at Commencement of Year			Admitted			Discharged			Deaths			Remaining at End of Year			Average Daily Number
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
1958–59 ..	268	150	418	184	66	250	99	39	138	85	38	123	268	139	407	410.30
1959–60 ..	268	139	407	162	64	226	78	25	103	72	33	105	280	145	425	414.934

Summary.

		1958-59		1959-60
Number resident at commencement		418		407
Admitted during year		250		226
		668		633
Discharged during year	138		103	
Deaths during year	123	261	105	208
Number resident at close of year		407		425

Finance.

Revenue:

	1958-59 £	1959-60 £
Commonwealth Hospital Benefits	31,486	32,560
State Aid (net cost)	178,906	208,849
Invalid and Old Age Pensions contributions	23,976	25,716
War Service Pensions contributions	2,417	2,155
Private Maintenance	11,331	11,128
Laundry Services	3,729	3,630
Sundries	365	674
	£252,210	£284,712

Expenditure:

	1958-59 £	1959-60 £
Salaries	167,557	192,789
Fuel and light	8,202	9,814
Provisions and medical comforts	39,944	40,955
Bedding, clothing, stores	18,962	19,258
Repairs and renewals of buildings	8,506	8,610
Sundries	9,039	13,286
	£252,210	£284,712

	1958-59 £ s. d.	1959-60 £ s. d.
Gross daily cost per inmate	1 13 8	1 17 5
Net daily cost per inmate	1 3 10	1 7 6
Gross weekly cost per inmate	11 15 9	13 2 5
Net weekly cost per inmate	8 7 2	9 12 6

A. J. TREBILCOCK, Superintendent.

REPORT OF THE TECHNICAL DIVISION (CHEMISTRY) FOR THE YEAR ENDED 30TH JUNE, 1960.

SUMMARY OF WORK.

The number of samples and materials examined (3,359) was the highest in recent years, an increase of 545 over the previous year. However, as has been pointed out before, the numbers involved are not a true measure of the actual amount of work involved. They may be swollen by an influx of a large number of routine samples, as they were this year with plant samples and air testing, or diminish but include materials which require lengthy investigations.

Soils and plants have accounted for roughly half of the analytical work of the laboratory. The other work, after the next most numerous groups—waters, air, foods and forensic chemistry (crime exhibits, blood alcohol and coroners' work) being distributed among a wide variety of materials.

The following tables show the nature and the sources of the articles examined:—

TABLE 11.—MATERIALS EXAMINED.

Soils	861
Plants	818
Waters	511
Air and Gases	273
Foods	267
Toxicology specimens (human)	108
Crime exhibits	77
Fertilisers, &c.	64
Blood alcohol tests	63
Diesel scrubber liquids	52
Sewage and trade wastes	45
Toys, crayons, etc.	35
Feeding stuffs	31
Animal poisoning specimens	27
Corrosion products	21
Soaps and cleaning materials	18
Fuel and lubricating oils	17
Building and industrial materials	15
Pesticides	14
Biochemical specimens	13
Drugs and medicines	11
Instruments and apparatus for test	6
Miscellaneous	12
	3,359

TABLE 12.—SOURCES OF SAMPLES.

State Departments, &c.—	
Agriculture	1,533
Hydro-Electric Commission	388
Health Services	276
Police	190
Rivers and Water Supply	28
Transport	24
Public Works	20
Tasmanian Grain Elevators	19
Agricultural Bank	18
Supply and Tender	14
Forestry	9
Education	4
Fisheries Commission	3
Crown Law	1
Labour & Industry	1
Government Printing Office	1
Industrial Development	1
Lands & Surveys	1
Public and business firms	574
Local authorities	158
Hospitals and institutions	88
Commonwealth Departments	6
Hobart Marine Board	2
	3,359

The main function of the laboratory is to carry out chemical work for all government departments and instrumentalities which require it, and to advise where necessary on chemical matters. In addition, local authorities, hospitals and various institutions avail themselves of its services. A considerable number of members of the public comes to the laboratory with samples, and for advice, especially home gardeners with soils and plants, and property owners with water samples and problems connected therewith. It is not the policy of the department to do work for business firms, but as there are no public analysts in Tasmania, and particularly when there is no other laboratory with the necessary facilities, a limited amount of work is undertaken. During the past year, of the 574 materials examined for the public and business firms, 187 samples were on behalf of thirty-one of the latter.

A considerable number of requests for technical information requiring no laboratory work are also handled each year.

FOOD CHEMISTRY.

The main items were, milks 56 (official samples), cereal foods 31, almond icing 29, soft drinks 10, fruit and fruit juices 9, cream 7, and tinned fish 7. A Mainland brand of almond icing which had been widely distributed throughout the State was found to be grossly adulterated with wheat flour (claimed to be added to assist processing). It was withdrawn from sale and the makers accepted responsibility for the fines. A number of cereal foods were examined for the nutrition officers for Vitamin B1 content. Of seven (7) samples of soft drinks 4 contravened the labelling regulations. The number of "concentrated cordial extracts", and cordial powder mixes, intended to be made up in the home to a cordial by the addition of sugar and water, and the types of label descriptions encountered, show the need for a regulation to control these products.

AGRICULTURAL CHEMISTRY.

Soils numbering 861 were examined, of which 609 were for various divisions of the Department of Agriculture in connection with experimental and advisory work, 217 for private individuals, mainly referred by the Department, and the remainder (35) for various government departments.

The number of plant materials examined was 815. These comprised pasture specimens 454, chou mollier 32, and peas 87, for the Agronomy Division of the Department, apple leaves 101, apricot leaves 54 for the Plant Pathology Division, and swede leaves 46, for the Horticultural Division.

The chemical analysis of plant leaves is yielding some useful results, both as indication of malnutrition and showing the range of uptake of the principal nutrients by the plant from the soil—possibly a guide to fertiliser requirements.

The remaining agriculturally related work consisted of fertilisers (for checking under the regulations and for manufacturers' information), feeding stuffs—many in connection with poultry nutrition—and pesticides. The usual quota of animal poisoning or suspected poisoning cases was encountered.

FORENSIC AND INDUSTRIAL TOXICOLOGY.

Articles submitted by the police (77) in connection with the detection of crime again provided much work. Blood and urine specimens (63) for the determination of blood alcohol level in driving under the influence cases and post mortem examinations, and chemical examinations for poisons (108 specimens) occupied a considerable amount of the time of at least two of the staff. Much of this work entailed the giving of evidence at subsequent court proceedings.

Again this year a large amount of work, involving the testing of exhaust gases from diesel-powered equipment and the air in the Poatina tunnel, was done for the Plant Engineers' Section of the Hydro-Electric Commission. This has assisted in the design of safeguarding equipment, and it has been possible to show that by the use of proper appliances and precautions the air in the tunnel affords no undue risks to the workers.

Work has been continued with the measurement of smoke concentration in the vicinity of a brickworks, about which residents and local authorities are concerned. New apparatus for the automatic sampling at predetermined times is expected to arrive shortly. Several industrial dusts and factory air samples have been sampled and examined.

A number of crayons and small toys (35) were examined for substances likely to be harmful to young children. Three samples of crayons out of 31 contained undue amounts of lead, and a plastic material dissolved in a volatile inflammable solvent, mainly acetone, for blowing balloons was adjudged undesirable for small children.

WATERS, CORROSION, &c.

The number of water samples examined (511) is an increase over the previous year. Most of them were submitted with regard to suitability for domestic supplies and for farm supplies intended for stock, irrigation and dairy use. In addition approximately one hundred boiler and industrial waters were analysed. Many of these related to problems of corrosion and water treatment. This work, involving discoloration, sediment, corrosion and complaints of real or imaginary effects in humans drinking certain waters has taken up a considerable amount of time.

Regular monthly composite samples of fluoride-treated water from the Beaconsfield treatment plant and the township mains have been tested to check the treatment. Fluoride assays have been made on several other water supplies. No appreciable amount of fluoride has yet been detected in any of the State's surface waters.

Miscellaneous Activities and Staff.—I have continued to act on various committees such as the Food and Drugs Advisory Committee, Stock Medicines Fertilisers and Pesticides Committee and the Fluoridation Committee. With the help of senior officers an effective liaison has been maintained with government departments and others requiring assistance of the laboratory.

During the year Miss J. W. Wilson, Senior Stenographer, retired after many years in government service. Miss P. Belbin was appointed as clerical assistant, and Mr. H. Cox as a technical assistant.

I would like to put on record my appreciation of the excellent team work and co-operation of all members of the staff.

H. E. HILL, F.R.A.C.I., A.R.I.C.,

Government Analyst and Chemist.

VITAL STATISTICS SUPPLIED BY THE DEPUTY COMMONWEALTH STATISTICIAN.

Statistical and General.

Population: Estimated on 31st December, 1959—

Males	185,162
Females	169,420
	354,582

Mean Population: Year ended 31st December, 1959—

Males	179,082
Females	165,281
	344,363

Australian Birth-rates per 1000 of Mean Population.

	1956	1957	1958	1959
Tasmania	25.15	25.55	25.37	25.05
New South Wales	21.39	21.93	21.67	21.51
Victoria	22.42	22.61	22.36	22.13
Queensland	23.72	24.25	23.95	24.77
South Australia	22.35	22.35	22.35	22.12
Western Australia	24.98	24.47	23.71	23.80
Northern Territory	31.07	34.49	36.25	38.87
Australian Capital Territory	31.04	30.13	31.01	29.22
Australia	22.50	22.86	22.59	22.56

CAUSES OF DEATH IN TASMANIA, 1955-59.

International Classification Group No.	Code No.	Cause of Death	1955	1956	1957	1958	1959
1	001-138	Infective and Parasitic Diseases	56	68	37	49	33
2	140-239	Neoplasms	376	387	391	395	371
3	240-289	Allergic, Endocrine System, Metabolic and Nutritional Diseases	54	66	72	62	76
4	290-299	Diseases of the Blood and Blood Forming Organs	12	8	12	7	10
5	300-326	Mental Psychoneurotic and Personality Disorders	19	15	26	28	17
6	330-398	Diseases of the Nervous System and Sense Organs	374	329	408	377	391
7	400-468	Diseases of the Circulatory System	845	919	943	997	1,035
8	470-527	Diseases of the Respiratory System	198	176	217	203	245
9	53-587	Diseases of the Digestive System	80	76	73	104	84
10	590-637	Diseases of the Genito Urinary System	94	66	93	81	65
11	640-689	Deliveries and Complications of Pregnancy, Childbirth and Puerperium	4	3	2	8	2
12	690-716	Diseases of the Skin and Cellular Tissue	4	7	1	3	6
13	720-744	Diseases of the Bones and Organs of Movement	9	14	13	13	12
14	750-759	Congenital Malformations	41	46	49	38	57
15	760-776	Certain Diseases of Early Infancy	115	98	93	91	100
16	780-795	Symptoms, Senility, and Ill-defined conditions	30	28	22	29	40
17	800-999	Accidents, Poisoning, and Violence	178	207	218	223	236
			2,489	2,513	2,670	2,708	2,780

SPECIFIC DISEASES INCLUDED IN THE ABOVE GROUP.

International Classification Group No.	Code No.	Cause of Death	1955	1956	1957	1958	1959
1	001-019	Tuberculosis (all forms)	31	32	16	31	19
2	140-205	Malignant Neoplasms	368	376	386	391	368
3	260	Diabetes Mellitus	29	43	49	42	60
6	330-332	Cerebral Haemorrhage and Thrombosis	316	253	336	317	309
7	410-443	Heart Diseases	711	785	814	844	897
8	490-493	Pneumonia	108	89	126	140	157
8	500-502	Bronchitis	41	35	43	45	27
10	590-594	Nephritis and Nephrosis	42	35	43	36	32
17	810-825	Motor Vehicle Traffic Accidents	62	75	66	74	67
17	910-936	Other Accidents	52	54	57	57	63
17	970-979	Suicide	23	23	40	33	33

Report of the Division of Public Health for the Year Ended 30th June, 1960

By the Director of Public Health.

The only method of assessing progress in any field is to compare conditions existing today with conditions existing in the past. The record of conditions in the past, as they might have affected the public health, is in the annual reports of my predecessors. For this reason, I have from time to time referred back to earlier annual reports and quoted from them. I propose to do so again this year, both in this preamble and in dealing with specific subjects.

My first predecessor, Dr. J. S. C. Elkington, expressed himself vigorously, and, unlike some of his successors, wrote in fluent and simple English that is a delight to read. In his first report after his appointment, that for the year 1904-5, he mentions the economic importance of sanitation, particularly in Tasmania, where "numerous and notable interests depend on the annual influx of visitors". In his annual report for 1908-9, the last before his resignation, he

returns to the same subject, upon which he had also commented in most of the intervening years. In view of the fact that the tourist industry is still of considerable commercial importance, I must repeat Dr. Elkington's words— "These people come to seek health—not to risk it; and the State, as an advertising and attracting agent, is placed in a position of trust towards them . . . . . A single extensive outbreak of Typhoid Fever in any considerable centre may result in the loss of many thousands of pounds to those who cater for visitors. In half a dozen places in Tasmania all the materials are ready for such an outbreak, and only the accidental introduction of infectious material under suitable circumstances is needed to set it going".

These words are as true today as when they were written, fifty-one years ago. Although Typhoid Fever is not as common in the community as it was in Dr. Elkington's time, cases still do occur; and from them, infection can spread. We now know of a whole host of viruses whose potential method of spread in the community is by the same route as that of typhoid fever; those who continue to read this report until they come to the section on environmental sanitation will find some mention of conditions that resemble almost exactly those described in 1909; and there is as little occasion for complacency now as there was then. In other fields, as I shall mention in the various sections of this report, complacency is dangerous. At the present time we have little occasion to be satisfied with our achievements in the field of public health; and there is great need for some more positive recognition in the community of the importance of keeping people well, rather than remaining inactive until they become ill and then making elaborate provision for the treatment of illness.

HEALTH INDICATORS.

Last year, for the first time, I included in my report the two health indicators recommended by the Expert Committee on Health Statistics of United Nations Organisation. The first of these is the proportionate mortality ratio at age 50. The figures for the last ten years are shown hereunder:—

Year	Deaths of Persons Aged 50 and Over	
	Number	Per cent of Total Deaths
1950	1,919	77.82
1951	1,935	75.38
1952	1,967	76.27
1953	1,987	77.89
1954	2,113	78.38
1955	1,942	78.02
1956	1,993	79.31
1957	2,119	79.36
1958	2,139	78.98
1959	2,179	78.38

It will be observed that from 1951 to 1957 the general tendency was that, of deaths in each year, a slightly higher percentage was in people over the age of 50 than in the year before. But in the last two years, this tendency has reversed. As yet, the change in the percentage is small but, if the trend continues, it will indicate that the health of the community is undoubtedly deteriorating.

The other health indicator recommended by the Expert Committee is the late infant mortality rate; this index is chosen by the committee because, in some cases at least, deaths of infants above the age of one month are preventable by a high standard of infant care. Below are the figures for each year since 1954:—

Age at Death	Infant Mortality per 1,000 Live Births (Year Ended 31st December)					
	1954	1955	1956	1957	1958	1959
Under 1 month	16.5	16.8	14.9	13.6	12.4	14.8
1 month-1 year	7.4	6.6	6.1	6.6	7.1	8.6
All under 1 year	23.9	23.4	21.0	20.2	19.5	23.4

Although in 1958, for the first time, our total infant mortality rate was below 20, this excellent result has not been maintained; and it is a cause for serious reflection that the deterioration has taken place both in the early and the late infant mortality rate. Deaths of infants under the age of one month are nearly all due to some condition existing before birth, to an injury at birth, or to some infection acquired within a few days of birth, and therefore cannot be prevented by any action coming within the sphere of activity of the Division of Public Health. But as that great pioneer, Truby King, showed originally in New Zealand, and as many who have followed the same road since have amply confirmed, deaths of infants above the age of one month are, in many cases, preventable by a higher standard of infant care; and this, in turn, depends on an organisation to advise and assist mothers in the important work of bringing up children to be as healthy as possible.

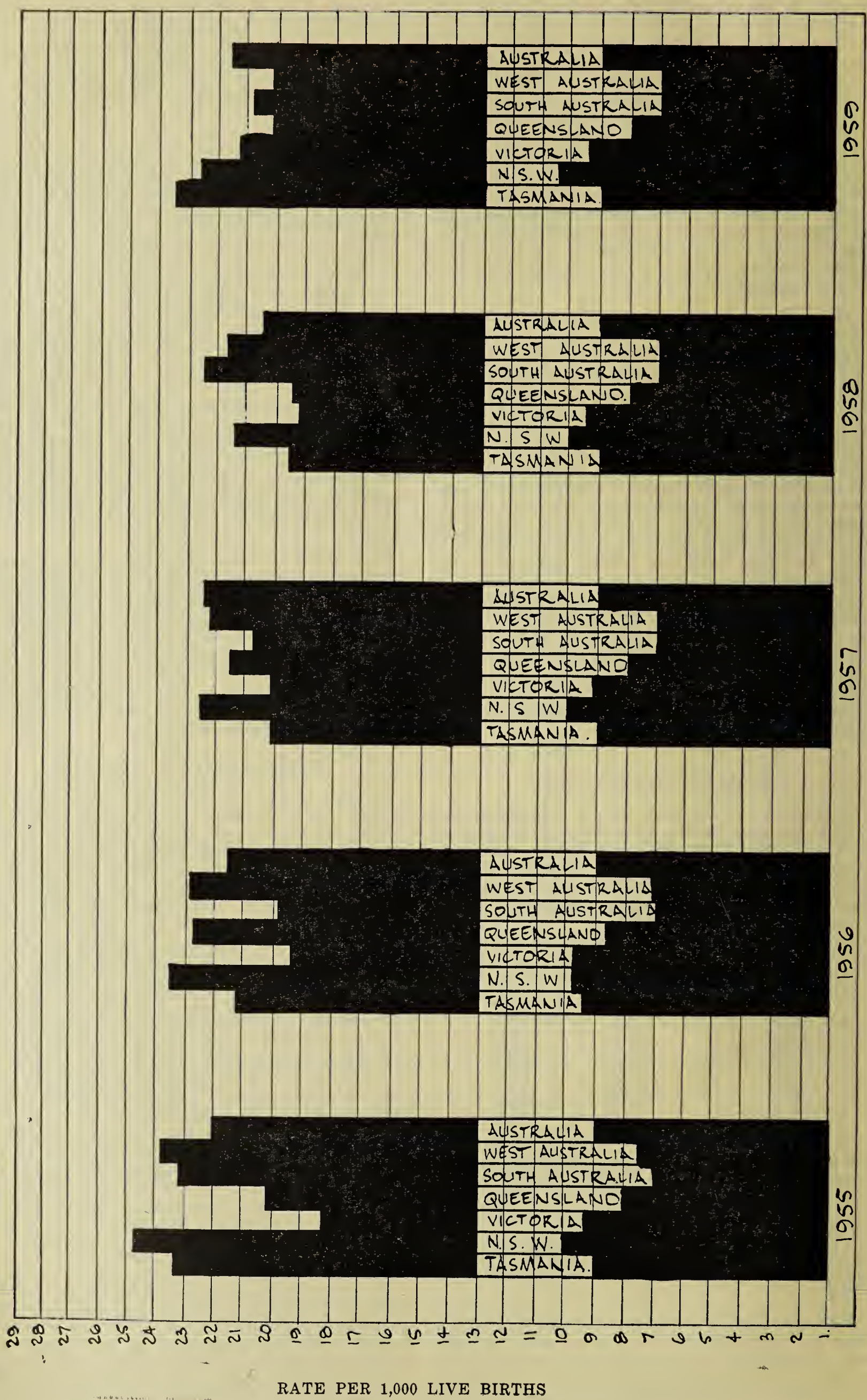
The attached chart, showing the comparative figures for infant mortality in all Australian States and the Commonwealth, confirms the same disappointing picture. Although, in 1958, for the first time, we achieved an infant mortality rate below 20, this excellent result has not been maintained. We have, occasionally, in the past, been equal with Victoria as the State with the best record. This year, Tasmania has the worst record of any of the Australian States.

CHILD HEALTH SERVICE.

In view of these facts, it is my undoubted duty to point out once again that the staff of the Child Health Service is not being increased to keep pace with the expanding population. Up to 1956 it had fluctuated somewhat; but it has never recovered from the blow dealt to it, in the name of economy, in 1957. The ill-advised action taken then inevitably produced the results that have followed it. We have never found it easy to recruit staff qualified to do Child Health work, and have always had to rely, to some extent, on nurses fully qualified for this work, but ineligible, for one reason or another, for permanent appointment in the Public Service. In 1957, advantage was taken of the fact that it is easy to dispense, at short notice, with temporary employees, and some of these nurses were retrenched. Among members of a profession such as Nursing, word soon gets about that there is no security of employment in the Child Health Service in Tasmania. Advertisements in Mainland States, previously a reasonable source of recruitment, have been conspicuously unsuccessful in the last two years; and I fear that some years may yet go by before we out-grow the unfortunate effect of the arbitrary decision made in 1957.

In the meantime, it is necessary to consider what steps can be taken to increase the supply of nurses qualified for this work. If we cannot recruit fully trained staff, can we, in any way, arrange to train others who may be available and who have the necessary basic training but have not specialised? Child Health work calls for, as

INFANT MORTALITY RATE AUSTRALIA 1955-1959 INCLUSIVE.



RATE PER 1,000 LIVE BIRTHS

the barest minimum, a general nursing training plus either a Child Health Certificate or a Health Visitor's Certificate. We do not insist on more than a basic nursing training for school nurses, although there are advantages in wider experience for this work also. We have found that there is not quite the same difficulty in recruiting single certificated nurses for the School Health Service. I am convinced that some of these could be encouraged to undertake the necessary extra training, if it could be available in a form in which they could manage it. Training for a Child Health Certificate involves six months residence in a training school. The only equivalent in Australia of a Health Visitor's training is the course in Public Health Nursing, being organised for 1961 by the College of Nursing in Melbourne; and this, too, will involve a period of six months, that will have to be spent in that city. There are family and other reasons why most of the single certificated nurses who apply for positions in the School Health Service cannot undertake either of these alternatives.

In looking for a solution to this problem, I have come finally to one that is adopted, in similar circumstances, by Industry. T.W.I. (training within industry) is now a well recognised feature in many large concerns; and the same process can be applied to our needs. Unfortunately, there is nobody on our present staff, and I doubt whether there is more than a handful of people in all Australia, able to undertake such training. We shall have to import, for the purpose, an experienced Health Visitor Tutor from Great Britain. In each of the last two years I have asked for this appointment to be made, as the highest priority need of the Public Health Division; and, on each occasion, it has, unfortunately, been one of those for which, in the final preparation of our Estimates, no salary is provided. I trust that it will be possible to make the appointment next year, for it is our most urgent need.

The following information is summarised from the annual report of the Supervisory Sister:—

(*a*) *Centres.*—There are now 96 centres, including 10 travelling units. The service was extended to Richmond, Campania and Colebrook in July, 1959, to Midway in May, 1960, and to Bothwell in June, 1960. New buildings for Child Health centres were opened during the year as follows:—

August, 1959—Blackmans Bay.
September, 1959—Kings Meadows.
November, 1959—Mayfield, Invermay, Taroona, West Ulverstone, North Devonport.
January, 1960—Warrane.
February, 1960—Upper Burnie, Montello.
May, 1960—Campbell Town.
June, 1960—Bothwell.

(*b*) *Transport.*—There are 11 divisional cars (7 Holdens and 4 Volkswagens). Mileage is paid to 18 members of the staff who use their own cars for the work.

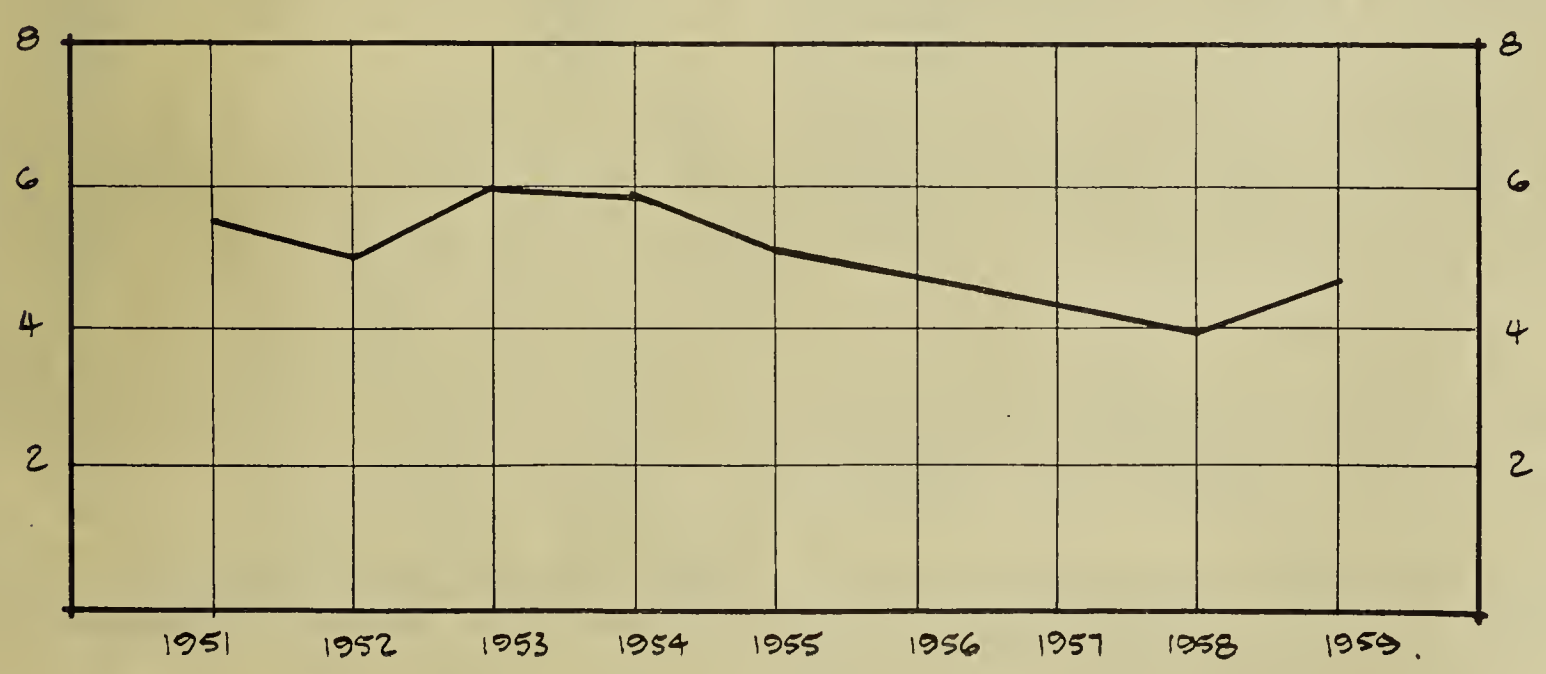
(*c*) *Lectures in Mothercraft.*—Lectures were given to senior girls from 31 schools (41 last year), of whom 463 gained certificates (748 in 1958-59).

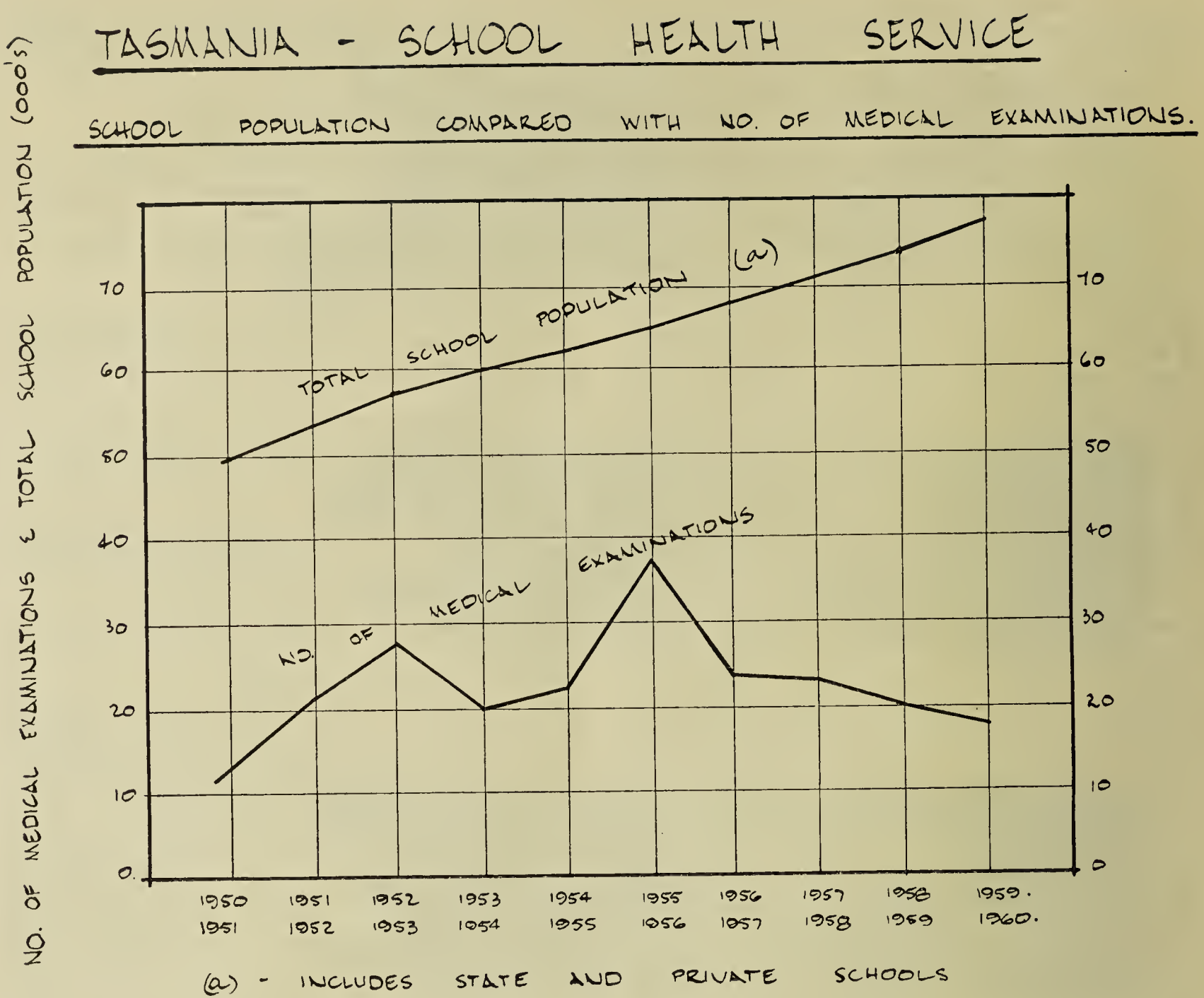
(*d*) *Student Nurses.*—Fifteen Child Health students completed the post-graduate course for this certificate, of whom 12 trained at the Mothercraft Home and 3 at Calvary Hospital.

(*e*) *Mothercraft Nurses.*—Eleven from the Mothercraft Home and thirteen from Calvary Hospital completed the course.

(*f*) *Paediatric Consultants.*—The excellent advice and able service rendered by Drs. J. Millar and N. Newman in Hobart, and Dr. R. Wall in Launceston is greatly appreciated by the staff; a special word of thanks is due to them.

I mention with particular gratitude the work of the Child Health Association, which, with its branches in practically every part of the State, plays a very valuable part in maintaining local interest in this work of national importance. The co-operation of the State Council, of the committees of the various Districts, and indeed of all members, is always forthcoming. This year, in order not to lengthen unduly this section of my report, I have omitted the tables giving full details of the work done in each centre in the State. These figures are published in the Annual Report of the Association, and the State President kindly allows me to refer enquiries to that source. Copies may be obtained from the State Secretary, Child Health Association, Box 534F, G.P.O., Hobart.





An important adjunct to the Child Health Service is the Mothercraft Home. This institution is performing most valuable work in helping mothers of young babies who have difficulty in the satisfactory establishment of breast-feeding, and in providing an institution to which babies can be admitted for adjustment of dietetic disturbances. As already mentioned, it is a training school for both Child Health Sisters and Mothercraft Nurses.

During the year the work of the Home has continued under considerable difficulty, owing to shortage of staff, which has thrown a very serious burden on those who have carried on. Early in 1960, Miss Locke resigned after eleven years as Matron, during which her devotion to duty had become almost proverbial. She has been succeeded by Miss M. E. Owens, previously Sub-Matron, who has had wide experience as a Health Visitor in Britain before coming to Australia, and has already shown her capacity to make good use, here, of that experience.

SCHOOL HEALTH SERVICES.

Once again, with regret, I report a still further decrease in the service provided for an expanding population, as shown in graphic form in the chart "School Population compared with number of Medical Examinations".

It will be observed that the school population has increased in each year; but, owing to the fact that the staff has not kept pace with the increase, 1955-6 was the last year in which we had a sufficient number of medical officers to provide an adequate number of medical examinations. There has been a progressive deterioration since that time, until in 1959-60 the percentage of children examined by medical officers is the lowest for more than ten years. The following figures speak for themselves:—

Year	% of School Population Examined
1950-51	27.4
1951-52	40
1952-53	46
1953-54	34
1954-55	36
1955-56	57
1956-57	36
1957-58	32.7
1958-59	27.1
1959-60	24.3

This year the North-west was the only region to receive a full service, every school being visited by Dr. J. B. Mackie or Dr. M. Hatherley. In the South, the one full time medical officer, Dr. Heather Gibson, had the assistance, for a few months only, of two part-time officers, Drs. Mary Young and Audrey Officer. In January, 1960, the appointment of another full-time school medical officer in this region was approved; there have been unfortunate delays in his arrival, but he is now expected to take up duty in October, and we can look forward to a better service in the coming year. In the North, the circumstances outlined in my last annual report continued during 1959; and school medical examinations ceased altogether for some months owing to the con-

tinued ill-health of Dr. Paterson. Dr. Joan Farrar was appointed whole-time school medical officer in Launceston in March, 1960; but since her appointment she has had to carry on the work of the Government Medical Officer for a considerable time, owing to the absence, on sick leave, of Dr. Paterson. We have been most unfortunate in the continued delays, largely due to circumstances beyond our control, in the appointment of a permanent officer in the North, to act as both Government Medical Officer and School Medical Officer.

The following facts are summarised from the annual report of the School Medical Officer:—

(*a*) *Total number of children examined* 18,514

(*b*) *Children with defects for notification* 6,215 (29.2%)

(*c*) *Analysis of defects*:—

(1) Orthopaedic—		
Posture	918	
Flat feet and knock knees	416	
Other	96	
		1,380
(2) Eye defects—		
Vision	598	
Squint	193	
Other	96	
		887
(3) Tonsils and Cervical Glands		734
(4) Nutrition—		
Underweight	98	
Overweight	118	
Other	21	
		237
(5) Skin and hair		232
(6) Ears—		
Hearing	140	
Otitis	43	
Other	31	
		214
(7) Urogenital		105
(8) Goitre		67
(9) Heart		48
(10) Lungs		35
(11) Speech		23
(12) Hernia		23
(13) Mental Stability		10
(14) Other		147
		4,149

(*d*) *Children examined with parents attending* 2,974.

(*e*) *Parents interviewed by school sisters*—

	Entrants	Others
Interviews at Schools	880	2,554
Home Visits	1,275	4,487
	2,155	7,041

(*f*) *Follow-up of defects* noted at medical examinations, now known to have been treated:—

	Physical	Dental
1958-59 Examinations	1,131	1,247
1959-60 Examinations	519	430

(*g*) *Immunisation history of entrants*:—

Diphtheria	7,420	(83.8%)
Tetanus	6,814	(77.0%)
Whooping Cough	7,251	(81.9%)
Poliomyelitis	7,927	(89.6%)

(*h*) *Assessment of Personal Hygiene* and Home Conditions of Entrants:—

	Hygiene		Home
Excellent	3,798	(42.9%)	1,491
Good	4,710	(53.8%)	1,655
Fair	320	(3.6%)	434
Poor	22	(0.2%)	56

(*i*) *Goitre Research*—

Quarterly surveys were continued at Snug, Margate and Woodbridge schools, and it was found that the seasonal variation, noted in previous years, still continues. An article on seasonal epidemics of goitre, by Dr. F. R. Clements of the Institute of Child Health, Sydney, and two officers of the Department (Dr. Heather Gibson and Miss Howeler) was published in the Medical Journal of Australia.

The first of two State-wide surveys was made in autumn 1960, when 20,000 children in various parts of Tasmania were examined. These examinations will be repeated in the spring, in an attempt to see to what extent the seasonal variation occurs.

(*j*) *Medical Records*—

Since the institution of the punched-card system for records, approximately 24,000 children have had relevant medical details recorded by this method. Much valuable statistical information is extracted by the use of this system.

(*k*) *Sunshine Home*—

During the year 250 children, selected by the School Health Service, enjoyed holidays at the Sunshine Home at Howrah, an institution which is a most valuable supplement to our work in schools.

The School Dental Service has continued to maintain its record, the ratio of fillings to extractions being 1.96-1 (though we still have a long way to go before we can rival the County of Bucks in England which in 1956 had a ratio of 8.6-1).

The staffing of the service presents a very serious problem. Three dental officers joined the staff during the year; but we lost five, two owing to resignation, two on account of age, and one through an untimely and unfortunate death. In June, 1960, there were only eleven dentists on the staff. The position might have been even worse, were it not that the clinic of the Australian Aluminium Production Commission has provided some service for school children at George Town; Drs. Hurburgh and Lyons have arranged to provide a dental service for schools in the municipalities of Huon, Cygnet and Esperance, and Dr. Eric Marks of Launceston has voluntarily provided a free service for the children of St. George's school. Our thanks are due to all of these, and particularly to Dr. Marks for his generous gesture.

The Public Service Commissioner has advertised for staff in Rhodesia and South Africa; and already a few enquiries have been received. It is hoped that this source of recruitment may provide us with some of our requirements for the next few years.

The following facts are summarised from the annual report of the Senior School Dental Officer:—

(*a*) *Equipment*—

All clinics now have high speed drills of the air rotor type. The use of this modern equipment has enabled the high figure for filling to be attained.

(*b*) *Numbers of Children seeking treatment*—

It is evident that the educational work of dental officers, sisters and school doctors is bearing some fruit, and consequently more parents are aware of the importance of conservation of teeth. Indeed the requests from Parents and Friends Associations for dental service has been an embarrassment in the present state of our staff.

(*c*) *Summary of Work during the year*:—

New visits	17,488
Repeat visits	27,166
	44,654
Treatments	58,541
Fillings	39,001
Extractions	19,809
Orthodontic extractions	86
Cleaning	1,108
X-ray	64
	118,609

Dental treatment was provided in:—

Hobart, Kingston, Snug, Woodbridge, Sandford, South Arm, Nubeena, Dunalley, Bream Creek, Sorell, Collinsvale, New Norfolk, Ellendale, Ouse, Wayatinah, Hamilton, Gretna, Bridgewater, Brighton, Triabunna, Blackmans Bay, Bicheno, Swansea, Orford.

Launceston, Cressy, Longford, Poatina, Rossarden, Beaconsfield, Deloraine, George Town, Winnaleah, St. Marys, Mathinna, Fingal, Scottsdale, Whitemark, Flinders Island.

Devonport, Burnie, Boat Harbour, Yolla, Smithton, Forest, Edith Creek, Latrobe, Railton, Wesley Vale, Riana, King Island, Queenstown, Strahan, Rosebery.

NUTRITION ADVISORY SERVICE.

Last year I mentioned that surveys of the diet of teenage children in secondary schools had revealed an inadequate intake of calcium. Some publicity was given to this finding; and the Education Department printed an account of the surveys in "The Educational Record". It is gratifying to be able to report that several High Schools are now serving milk drinks at prices at which they can compete with soft drinks.

The Education Department has asked that teachers-in-training in Hobart as well as Launceston should have a series of lectures on nutrition. These lectures are given by the Nutrition Officer (Miss Howeler) as part of our policy of ensuring that those students who will eventually become advisors of the community are provided with sound education in nutrition.

The Nutrition Officer has also assisted in the health education of the community by many talks with Parents and Friends Associations, by a series of special broadcasts on children's meals, and by lecturing in a Social Welfare course held at the Hobart Technical College. Surveys of the diet of school children were continued during the year.

ENVIRONMENTAL SANITATION.

I hope that, in the years to come, it will be possible to revert to the former practice of publishing the annual reports of the heads of the various sections of the Division. Only thus can a full account be given by those responsible for the work. For example, the Senior Health Inspector describes the wide range of the work of the Health Inspectorate, with which it is impossible for me to deal adequately in a brief summary. Some idea of the variety can be gained from the following list of inspections:—

	Number of Inspections	Matters needing Attention
Aerodromes	5	....
Bakehouses	102	39
Butchers Shops	174	51
Chemists Shops	8	1
Domestic Premises	54	24
Drainage	173	56
Food Premises (including eating houses)	603	128
Fruit Processing Factories ..	2	....
Garbage Tips and Sites	82	25
Guest Houses and Hotels	154	32
Hospitals (utensils, &c.)	11	6
Land Subdivisions	45	2
Licensed Premises	269	93
Miscellaneous	203	52
Milk depots	9	3
Mutton Bird Premises	743	27
Offensive Trades	184	31
Places of Public Entertainment	119	36
Reserves, Beaches, &c.	111	23
Saleyards	25	3
Sanitary Depots	25	7
Schools	60	10
Septic Tank Schemes	47	9
Septic Tanks	1,752	88
Spirits (Alcohol tests)	425	....
Water Supplies	42	10
Sewerage Schemes	19	....
Sewerage Treatment Works	3	....

I draw particular attention to the following:—

(*a*) *Abattoirs, Slaughter Houses and Meat Inspection.*

During the year it was necessary to condemn a number of private slaughter houses, which were in a condition in which the production of wholesome meat would be extremely unlikely. There is no reason to be proud of the state of others. One of the largest abattoirs in the State was found to be in a most neglected and dilapidated condition; the standard of hygiene was disgraceful.

The absence of meat supervision and meat hygiene legislation, if it continues, will eventually stop interstate export of meat from Tasmania. Already we have had complaints from at least two mainland States of the poor condition and inadequate supervision of Tasmanian meat. Furthermore, the Commonwealth Government has withdrawn the export licence from one abattoirs, has refused to licence others, and has set a time limit for another to improve its premises and methods.

The work of the Division, and of those Local Authorities that are interested in improving meat inspection and meat hygiene, is seriously ham-

pered by the complete absence of legislation. Tasmania is the only Australian State that has no legislation to provide for meat districts and meat inspection. The organisation in other States has been investigated, and recommendations for legislation have been drawn up.

(*b*) *Motels.*

Special attention has been given to reviewing plans of motels, and a number of defects have been pointed out at the planning stage, thus eliminating some sources of complaint later on.

(*c*) *Camping Areas and Caravan Parks.*

The model by-laws prepared last year have been gazetted.

(*d*) *Hotels.*

Our inspectors have worked in close co-operation with officers of the Licensing Court. This system is bringing about a steady improvement in the standards of hotels.

(*e*) *Garbage Disposal.*

The Clarence Commission's tip at the head of Kangaroo Bay continues to be an excellent example of garbage disposal by controlled tipping—probably the only really good one in the State, though there has been some improvement in the Hobart City Council's tip at New Town. The improvement previously noted at Glenorchy has not been maintained. The operation of this tip is most unsatisfactory and it is hoped that steps can be taken to close it in the near future. Many tips in other parts of the State leave room for much improvement.

(*f*) *Drainage.*

In a predominantly rural country there is a tendency to let drainage take care of itself. This attitude has been responsible for many problems, particularly in areas formerly rural but now suburban, on the rapidly developing outskirts of cities and towns. An arrangement has been made with a number of municipalities by which officers of the Division confer with council officers on all aspects of the drainage of a subdivision before that subdivision is approved by the council. In this way problems can be foreseen and avoided, instead of having to be dealt with after they arise. Unfortunately, not all councils co-operate in this manner.

(*g*) *Septic Tanks.*

1,270 applications were received—117 less than in 1958-59—of which 64 were rejected for various reasons.

Individual septic tanks in urban and suburban subdivisions are not a satisfactory alternative to properly planned sewerage by a reticulation of pipes leading the sewage to an adequate, central, disposal plant. Only in exceptionally good soil is it possible to dispose of all household wastes within the boundaries of an ordinary suburban building block. In most situations a septic tank is possible on a normal allotment only if some special arrangement is made to carry tank effluent and house sullage to a suitable disposal point; and anything less than this gives rise to nuisance and is cause for complaint.

(*h*) *Places of Public Entertainment and Public Buildings.*

As foreshadowed in my last annual report, steps were taken to close one picture theatre, described by the Chief of the Fire Brigade as the worst fire risk he had seen.

Plans of all new places of Public Entertainment and Public Buildings (or of substantial alterations thereto) are examined by officers of the Division, and local authorities are advised of any need for changes at the planning stage. To assist this work, and to provide expert advice, a committee which includes the Chief Officer of the Hobart Fire Brigade, the City Architect, and an experienced health inspector, meet at regular intervals to examine plans. I particularly thank the members of this panel both for their expert advice and for the cheerful way in which they find time for this work.

(*i*) *Food and Drugs.*

The survey of glass washing machines continued during the year; and standard conditions of installation for some machines have now been established.

Labelling of foodstuffs continues to be a problem. The object of a label on a package is to inform the buyer about the contents; but some labels are misleading, perhaps unintentionally, perhaps in some cases deliberately. Packages of foodstuffs are constantly being inspected to ensure that they conform to the labels.

Officers seized considerable quantities of food that failed to conform with the regulations. The main items were:—

257 tins of sardines.
300 tons of wheat.
53 packets of pepper.
137 mutton birds.
9 tons of sugar.
309 lbs. of almond meal.

(*j*) *Water Supplies.*

There apears to be an increasing tendency for local authorities to assume that any water is good enough to be reticulated to the consumers. In recent weeks I have seen a new water scheme, in a North-western municipality, which when completed will rely for its supply on a creek on which are situated several farm houses. The intake will be almost immediately below the point at which the drainage from one of the houses reaches the creek. This is the kind of thing about which Dr. Elkington wrote, nearly sixty years ago. We have made little progress.

HEALTH INSPECTORS OF LOCAL AUTHORITIES.

The situation at Ulverstone, mentioned in my last report, has at last been resolved by the appointment of a qualified inspector. A number of other local authorities have shown a tendency to ask approval for the appointment of an unqualified person who is "well thought of" locally rather than seeking a properly trained inspector. Once again, we have made little progress.

A very successful conference, lasting four days, and attended by nearly forty municipal inspectors, was held in Hobart in June, 1960. It included lectures, practical demonstrations, technical films, and visits to places of interest. It is hoped to hold similar, but perhaps shorter, meetings at regular intervals, in an endeavour both to raise the standard of environmental sanitation, and to ensure a consistent policy throughout the State.

OFFICE ADMINISTRATION AND STAFF.

I have already mentioned the work of the punched card records section, which was originally set up to record details of poliomyelitis immunisation. This type of mechanical recording lends itself to the storing of many facts, in a form from which information can be extracted easily and quickly. It is therefore very suitable for keeping the records of several aspects of our work. In order to make the best use of the available staff, I planned the work so that, as the details of poliomyelitis immunisation, to be recorded, decreased, the transfer of school medical records to this section increased.

In the meantime it has been found by other sections of this Department, and by other Departments, that the system can assist their work; and the staff of this section has been kept extremely busy by both our own recording and this " outside " work some of which may have to be refused in future. It may be a matter of some interest that during the year, 173,000 pieces of information were recorded on punched cards.

The work of all sections of the Division has been impeded by congestion and overcrowding of the available office space. this congestion has fallen with particular severity on the punched card records section and the health inspectorate. The staff of these sections is carrying on under conditions quite detrimental to efficiency, and some relief is urgently needed. It is most regrettable that the Accommodation Board was unable to accept a suggestion made, in June, 1960, for the purchase of a building which would have afforded the necessary relief.

I have to thank every member of the staff of the Division, both of the office staff and those working in the field, for the contribution that each has made to our work, despite working conditions that in some cases, affect efficiency.

H. M. L. MURRAY, L.R.C.P., L.R.C.S.,
L.R.F.P.S., D.P.H., F.A.I.M.
Director of Public Health.

TABLE 13.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities During the Year 1959-60.

Municipality	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Infantile Diarrhoea	Hepatitis	Glandular Fever	Rheumatic Fever	Malaria	Typhoid Fever	Bacillary Dysentery	Brucellosis	Puerperal Fever	Tuberculosis	Total
Beaconsfield ..	..	2	..	..	..	3	..	1	..	..	..	..	..	2	8
Bothwell ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bruny Island ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnic ..	1	1	..	..	..	1	3	..	..	..	..	..	..	8	14
Campbell Town	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Circular Head	3	6	1	..	10	4	..	..	..	..	..	..	..	2	26
Clarence ..	2	2	..	..	2	2	5	..	1	1	..	..	..	10	25
Deloraine ..	..	..	1	..	..	..	..	1	..	..	..	..	..	1	3
Devonport ..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	4
Esperance ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Evandale ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	2
Fingal	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
Flinders Island	..	1	..	..	..	..	..	..	..	1	..	..	..	2	4
George Town ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glamorgan ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glenorchy ..	6	1	..	..	5	5	1	..	..	..	..	..	..	11	29
Gormanston ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Green Ponds ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Hamilton ..	1	..	..	..	..	1	..	..	..	..	..	..	..	3	5
Hobart ..	3	6	3	..	5	3	11	..	..	1	1	..	..	23	56
Huon	..	..	1	..	..	..	..	..	..	..	..	..	..	1	2
Kentish ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Kingborough ..	..	..	..	..	3	..	..	..	..	..	..	..	..	3	6
King Island ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latrobe ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Launceston ..	3	3	1	1	1	5	1	1	..	..	..	..	..	18	34
Lilydale ..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	3
Longford ..	..	7	..	..	..	1	..	..	..	..	..	..	..	1	9
New Norfolk ..	2	1	..	..	..	..	..	..	..	..	..	..	..	1	4
Oatlands ..	..	..	1	..	1	..	..	..	..	..	..	1	..	..	3
Penguin ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Port Cygnet ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Portland ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Queenstown ..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	6
Richmond ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Ringarooma ..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	3
Ross	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Sorell	1	..	..	..	1	..	..	..	..	..	..	..	..	..	2
Spring Bay ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	2
St. Leonards ..	1	..	..	..	..	1	..	..	..	..	..	..	..	1	3
Strahan ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tasman ..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	3
Ulverstone ..	..	..	1	..	..	..	..	..	..	..	..	..	..	10	11
Waratah ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury ..	..	1	..	..	..	1	..	..	..	..	..	..	1	2	5
Wynyard ..	..	..	..	..	..	..	1	..	..	..	..	..	..	4	5
Zeehan.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	25	35	13	1	29	28	23	3	1	3	1	1	1	128	292

TABLE 14.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1959-60.

Month	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Infantile Diarrhoea	Hepatitis	Glandular Fever	Rheumatic Fever	Malaria	Typhoid Fever	Bacillary Dysentery	Brucellosis	Puerperal Fever	Tuberculosis	Total
July	1	3	1	..	1	3	7	..	..	1	..	1	..	20	38
August.. ..	6	2	..	..	1	3	..	..	..	..	..	..	..	11	23
September ..	3	4	..	..	2	..	..	..	..	..	1	..	..	13	23
October ..	3	1	1	..	4	2	..	..	..	1	..	..	..	13	25
November ..	1	3	..	..	2	3	1	..	..	..	..	..	..	13	23
December ..	2	3	2	..	1	1	1	..	..	..	..	..	..	10	20
January ..	..	3	1	..	..	1	2	..	..	1	..	..	1	6	15
February ..	..	..	..	..	1	2	2	..	..	..	..	..	..	8	13
March	..	3	1	..	..	5	2	..	..	..	..	..	..	9	20
April	1	3	1	..	..	4	1	1	1	..	..	..	..	7	19
May	4	7	5	1	1	3	2	1	..	..	..	..	..	15	39
June	4	3	1	..	16	1	5	1	..	..	..	..	..	3	34
Totals ..	25	35	13	1	29	28	23	3	1	3	1	1	1	128	292

TABLE 15.

RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1959-60.

Disease	Under 1 year		1–4		5–9		10–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65 and over		Age Not stated		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Gonorrhoea ..	..	..	..	..	..	..	..	1	40	1	24	..	7	1	2	1	2	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	78	4	82
Primary Syphilis ..	..	..	..	..	..	..	..	..	..	1	4	..	1	..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	8	1	9
Secondary Syphilis ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Tertiary Syphilis ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
TOTALS ..	..	..	..	..	..	..	..	1	41	3	28	..	8	1	3	1	3	..	1	..	2	..	..	..	..	..	..	..	..	..	1	..	87	6	93

Report of the Division of Tuberculosis for the Year Ended 30th June, 1960

Evidence of the satisfactory progress of the Anti-Tuberculosis Campaign in Tasmania is reflected in the sharp decline in the number of new cases discovered in the current year.

The total of 128 cases is the lowest number ever recorded in this State and shows a decrease of 32 cases on the previous year.

In all countries where an active Anti-Tuberculosis Campaign has been carried on, concern has always been felt at the length of time required before a substantial decrease in the number of new cases for a given period is obtained.

It is considered that the figures for the past year are the first which indicate this long sought after substantial decline and those for the next few years will be anticipated with great interest.

The 128 new cases are classified as follows:—

Pulmonary Tuberculosis	102
Primary Pulmonary Tuberculosis	4
Pleurisy with Effusion	2
Tuberculous Meningitis	1
Other Non-Pulmonary Tuberculosis	19
Total	128

The total includes 16 persons eligible for treatment by the Repatriation Department.

In four instances the notification was made following post mortem examinations.

Comparative figures for the past six years are given in Table 16 below:—

TABLE 16.

Year Ended.	*Pulm.*	*% of Total*	*Non-Pulm.*	*% of Total*	*Total Cases*
30.6.55	152	80.4	37	19.6	189
30.6.56	180	87.8	25	12.2	205
30.6.57	179	86.9	27	13.1	206
30.6.58	139	83.2	28	16.8	167
30.6.59	137	85.6	23	14.4	160
30.6.60	108	84.4	20	15.6	128

Age Groups of Notified Cases.

The Age Group and its percentage of the total cases is shown in Table 17 below:—

TABLE 17.

Age Group	No. of Cases	% of Total	Increase or Decrease on Previous year
Under 15 years	16	12.5	+5.6
15 to 24 years	27	21.1	— .1
25 to 34 years	19	14.9	—3.9
35 to 44 years	25	19.5	+3.8
45 to 54 years	16	12.5	—3.7
55 to 64 years	13	10.2	—1.00
65 to 70 years	4	3.1	—1.9
Over 70 years	8	6.2	+1.2

It is to be noted that increases are shown in the lower, middle and higher age groups, particularly in the under 15 years group.

The Age Group of persons over the age of 70 years is slightly higher than for the previous year and, although the figures are small, the need for continued watchfulness over this section of the community is again obvious.

The increase in the number of cases found under the age of 15 years has been so great as to warrant the inclusion of a further Table 18, showing the source of such notifications.

TABLE 18.

SOURCE OF NOTIFICATIONS OF PERSONS UNDER THE AGE OF 15 YEARS.

"Contacts"	By Symptons	4
	Meningitis	1
	By Routine X-ray	3
Private Practitioners		2
Public Hospitals		5
Tuberculin Surveys		1
		16

It will be seen from the above Table that 50 per cent of the cases occurred among contacts of known cases, three of these having been discovered by Routine X-ray examination of the chest and the other five as the result of symptoms or tuberculous meningitis. A further five cases were discovered in public hospitals as a result of attendances.

Two were discovered by reporting symptoms to Private Practitioners and one was found as the result of Tuberculin Surveys in the school population.

It is to be noted that only one of the sixteen cases in this group was of a non-pulmonary nature, that is, the case of tuberculous meningitis.

In the 15 to 24 years age group it will be noted that there is a further slight decline in the percentage of the total number of cases reported.

This would seem to indicate the beneficial action of maintaining the compulsory X-ray Surveys at the commencing Age Group of 14 Years in the past, and would also seem to support the view that for the present, at any rate, no great harm has been done in raising the age of compulsory X-ray Surveys to 16 years.

It is thought that a further rise in this minimum age for compulsory X-ray of the chest will be made in the near future.

TABLE 19.

Age Group	Males					Females					Totals				
	Min.	Mod. Adv.	Adv.	Non-Pul.	Total	Min.	Mod. Adv.	Adv.	Non-Pul.	Total	Min.	Mod. Adv.	Adv.	Non-Pul.	Total
Under 15 ..	7	4	..	..	11	3	1	..	1	5	10	5	..	1	16
15 to 24 ..	6	2	..	3	11	10	4	..	2	16	16	6	..	5	27
25 to 34 ..	3	4	3	..	10	1	5	2	1	9	4	9	5	1	19
35 to 44 ..	4	6	2	..	12	6	4	1	2	13	10	10	3	2	25
45 to 54 ..	1	6	1	4	12	..	2	..	2	4	1	8	1	6	16
55 to 64 ..	1	6	..	2	9	..	2	..	2	4	1	8	..	4	13
65 to 70 ..	1	..	2	..	3	..	1	..	..	1	1	1	2	..	4
Over 70 ..	1	3	..	..	4	..	2	1	1	4	1	5	1	1	8
Totals ..	24	31	8	9	72	20	21	4	11	56	44	52	12	20	128

STAGE OF DISEASE AT TIME OF NOTIFICATION.

Of the 108 Pulmonary cases, 44 or 40.8% were stated to be in the minimal stage, 52 or 48.1% were considered moderately advanced and the other 12 cases, or 11.1%, were quoted as advanced.

Figures for the past 6 years are given in Table 20 below:—

TABLE 20.

Year	Minimal Cases	Moderately Advanced Cases	Advanced Cases	Total Cases (Pulmonary)
30.6.55....	52=34.2%	83=54.6%	17=11.2%	152
30.6.56....	60=33.3%	98=54.4%	22=12.2%	180
30.6.57....	70=39.1%	94=52.5%	15= 8.4%	179
30.6.58....	61=43.9%	68=48.9%	10= 7.2%	139
30.6.59....	60=43.8%	61=44.5%	16=11.7%	137
30.6.60....	44=40.8%	52=48.1%	12=11.1%	108

These figures show a slight decrease in the advanced cases, also a lesser number of minimal cases, with a corresponding increase in the moderately advanced.

SEX OF CASES NOTIFIED.

This year still shows a higher incidence in Tuberculosis among the male population, but is slightly lower than any of the previous five years.

The percentage of male notifications for the past six years is as follows:—

Year 30.6.55	56.6%
Year 30.6.56	60.5%
Year 30.6.57	58.2%
Year 30.6.58	64.7%
Year 30.6.59	60.0%
Year 30.6.60	56.2%

MARITAL STATUS OF CASES NOTIFIED.

Married Persons	67
Single Persons	54
Widow or Widower	6
Divorcee	1
	128

SOURCE OF NOTIFICATION.

Private Physicians	23
Chest Clinics	7
Public Hospitals	35
Repatriation Hospital	2
Government Medical Officer	1
Epidemiological Survey	4
Mass X-ray Survey	56
	128

TABLE 21.

1959-60.

Municipality	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	Total
Beaconsfield	..	1	..	..	..	..	..	..	..	..	1	..	2
Bothwell	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton	..	..	..	..	..	..	..	..	..	..	..	..	..
Bruny	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnie	2	..	..	..	1	..	..	1	..	2	1	1	8
Campbell Town	..	..	..	..	..	..	..	..	..	..	..	..	..
Circular Head	..	..	..	..	..	..	..	1	..	1	..	..	2
Clarence	2	..	..	1	3	..	..	1	..	1	1	..	9
Deloraine	..	..	..	..	..	..	..	..	..	..	1	..	1
Devonport	..	..	..	..	..	..	..	..	2	..	2	..	4
Esperance	..	1	..	1	..	..	..	..	..	..	..	..	2
Evandale	..	..	..	..	..	..	..	..	..	..	..	..	..
Fingal	1	..	..	..	..	1	..	..	..	1	1	..	4
Flinders	..	..	..	1	..	1	..	..	..	..	..	..	2
George Town	..	..	..	..	..	..	..	..	..	..	..	..	..
Glamorgan	..	..	..	..	..	..	..	..	..	..	..	..	..
Glenorchy	1	1	..	2	1	..	2	2	..	1	..	1	11
Gormanston	1	..	..	..	..	..	..	..	..	..	..	..	1
Green Ponds	..	..	..	..	..	..	..	..	..	..	..	..	..
Hamilton	1	..	1	1	..	..	..	..	..	..	..	..	3
Hobart	1	4	2	3	3	..	4	1	..	1	5	1	25
Huon	..	..	..	..	..	..	..	..	1	..	..	..	1
Kentish	1	..	..	..	..	..	..	..	..	1	..	..	2
Kingborough	..	1	..	..	1	..	..	..	1	..	..	..	3
King Island	..	..	..	..	..	..	..	..	..	..	..	..	..
Latrobe	..	1	..	1	..	..	..	..	..	..	..	..	2
Launceston	4	..	2	1	1	2	..	1	2	1	4	..	18
Lilydale	..	..	..	..	..	..	..	..	..	..	..	..	..
Longford	..	..	..	..	..	1	..	..	..	..	..	..	1
New Norfolk	1	..	..	..	..	..	..	..	..	..	..	..	1
Oatlands	..	..	..	..	..	..	..	..	..	..	..	..	..
Penguin	2	..	..	..	..	..	..	..	..	..	..	..	2
Port Cygnet	..	..	..	1	..	..	..	..	..	..	..	..	1
Portland	..	..	..	..	..	..	..	..	..	..	..	..	..
Queenstown	1	..	..	..	..	2	..	..	1	..	1	..	5
Richmond	..	..	..	..	..	..	..	..	..	..	..	..	..
Ringarooma	..	..	..	..	..	1	..	..	..	..	..	..	1
Ross	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale	..	..	..	..	..	..	..	..	..	..	1	..	1
Sorell	..	..	..	..	..	..	..	..	..	..	..	..	..
Spring Bay	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards	..	..	1	..	..	..	..	..	..	..	..	..	1
Strahan	..	..	..	..	..	..	..	..	..	..	..	..	..
Table Cape (Wynyard)	..	..	1	..	1	..	..	..	1	1	..	..	4
Tasman	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulverstone (Leven)	..	3	1	1	2	1	..	1	1	..	..	..	10
Waratah	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury	..	..	1	..	..	..	..	..	..	..	..	..	1
Zeehan	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	18	12	9	13	13	9	6	8	9	10	18	3	128
Pulmonary Cases	17	10	7	11	10	7	6	4	8	10	15	3	108
Non-Pulmonary Cases	1	2	2	2	3	2	..	4	1	..	3	..	20

The Mass X-ray Survey continues to be the most successful medium for screening the population in the search for the unsuspected case of Pulmonary Tuberculosis. The 56 cases diagnosed this year, following Miniature X-ray, represent approximately 52% of the Pulmonary cases notified.

The number of cases discovered as a result of Epidemiological Surveys in the Schools has made a significant appearance in the figures and, as the number of these Surveys has increased, their usefulness in the discovery of cases will be substantial.

At the time of notification, it was found that, in 36 cases, positive bacteriological results supported the radiological and clinical findings. In 16 cases, initial tests were negative, and further examination of sputa was pending. In 56 cases, no information was given as to sputum tests.

Supervision of Cases (Pulmonary).

Hospitalisation of the patient was deemed desirable in 84 cases of Pulmonary Tuberculosis and no difficulty was experienced in arranging for the admission of these persons. In one case, the patient was still undergoing treatment in a Public Hospital for injuries sustained in a car accident.

Admissions were effected as follows:—

Tasmanian Chest Hospital .... (includes one Non-Pulmonary case)	37
Northern Chest Hospital	42
Repatriation Chest Ward	5
Still in Public Hospital	1
	85

MIGRANTS.

There were fewer migrants notified as Tuberculosis sufferers subsequent to their arrival in the country, this year; the total of 10 being 9 less than last year.

The origin of the 10 cases was given as:—

Italy 2, Northern Ireland 2, and one each from Greece, Holland, Scotland, Austria, Yugoslavia and China.

TUBERCULOSIS ALLOWANCE PAYMENTS.

Another pointer to the success of the Anti-Tuberculosis Campaign is seen in the continued drop in the number of persons receiving the Tuberculosis Allowance. A decrease of 22 persons in receipt of the Allowance during the year is considered very satisfactory. At the commencement of the year there were 160 persons in receipt of the Allowance, 120 new claims were lodged, of which 95 were approved; two additional persons in receipt of this Allowance were transferred from other States.

During the year 119 payments were cancelled, 91 of which were on medical grounds, the patient being considered sufficiently restored to health to enable him to resume full-time employment. In 10 cases cancellation resulted from death of the patient, and six payments were transferred to other States. At the conclusion of the year there were 138 payments current.

Distribution of cases throughout the various Municipalities of the State is shown in Table 21 on previous page.

OCCUPATIONS OF NOTIFIED CASES.

As usual the occupation of the individual cases covered a varied field, and no particular occupation could be regarded as presenting a hazard as far as Tuberculosis in this State is concerned. Home Duties was, of course, frequently mentioned.

In the under 15 years Age Group, there were 12 students, and five other children under school age.

Seven cases were listed as pensioners, nine factory employees, six agricultural workers, five mining, industry, nine typists, clerks, &c., five building trades, three each—sales, bus or lorry drivers, railway workers and mechanical trades, two each barman, journalist, nursing. Other occupations included, teacher, fitter, telephonist, gardener, boilermaker, glass cutter, machinist, cook, printer, seaman, grocer, &c.

DEATHS AMONG REGISTERED TUBERCULOSIS CASES.

During the year there were 52 names removed from the State Tuberculosis Register on account of death; of these 33 were regarded as Inactive cases, and their deaths were caused by age and/or other illness. Among these 33 Inactive cases were 15 in the Over 70 Age Group, their average being slightly over 77 years. In 19 instances the patient was shown to be suffering from Active Tuberculosis at the time of death, included among these 19 Active cases were 6 persons in the Over 70 Years Age Group.

Sex and Age Group of the nineteen Tuberculosis deaths is given in the Table 22 below.

TABLE 22.

Age Group	Males	Females	Total
Under 15 years	....	....	....
15 to 24 years	....	1	1
25 to 34 years	....	....	....
35 to 44 years	2	2	4
45 to 54 years	....	3	3
55 to 64 years	4	....	4
65 to 69 years	1	....	1
70 and over	4	2	6
	11	8	19

STATE TUBERCULOSIS REGISTER.

	Pulm.	Non-Pulm.	Repat. Cases Pulm. & Non-Pulm.	Total
Registrations at 30.6.59	1,941	342	525	2,808
New Cases Notified	93	19	16	128
	2,034	361	541	2,936
Plus—				
Transfers from other States	16	....	....	16
Transfers from Overseas	6	....	....	6
	2,056	361	541	2,958
Less—				
Deceased	44	2	6	52
	2,012	359	535	2,906
Transfers to other States	23	....	....	23
	1,989	359	535	2,883
Transferred Overseas	1	....	....	1
	1,988	359	535	2,882
Transferred from Pulmonary to Non-Pulmonary	—1	+1	....	....
Totals at 30.6.60	1,987	360	535	2,882

ACTIVE REGISTER (PULMONARY CASES).

Total at 30.6.59		282
New Notifications		93
Transferred from Inactive Register		21
Transferred from other States		2
		398
Less—		
Deceased	22	
Transferred to Inactive Register	131	
Transferred to other States	6	
Transfered to Overseas	1	
		160
Total at 30.6.60		238

INACTIVE REGISTER (PULMONARY CASES).

Total at 30.6.59		1,659
Transferred from Active Register		131
Transferred from other States		14
Transferred from Overseas		6
		1,810
Less—		
Deceased	22	
Transferred to Active Register	21	
Transferred to other States	17	
Transferred to non-Pulmonary Register	1	
		61
Total at 30.6.60		1,749

CLINICAL STATUS OF CASES.

Active	127
Arrested	111
	238

REGISTER NON-PULMONARY CASES.

Total at 30.6.59	342
New Notifications	19
	361
Transferred from Inactive Pulmonary Register	1
	362
Less—	
Deceased	2
Total at 30.6.60	360

REPATRIATION CASES PULMONARY AND NON-PULMONARY.

Total at 30.6.59	525
New Notifications	16
	541
Less—	
Deceased	6
Total at 30.6.60	535

CHEST CLINICS.

Table 23 shows the work of the various chest clinics throughout the year.

TABLE 23.

Examinations	Hobart	Launceston	Devonport	Burnie
Notified cases commencing attendance	23	16	8	6
Cases referred from mass survey for investigation	87	33	16	35
Cases referred by private medical practitioners	52	15	23	35
Contacts registered at chest clinics	263	236	154	106
Total new cases registered	433	300	191	181
Total attendances	6,115	4,777	1,171	2,327

EPIDEMIOLOGICAL SURVEYS.

Report on School Mantoux Test Surveys Year Ended 30th June, 1960:—

Schools	Tested	Negative	Positive "Naturally"	Positive By B.C.G.	Not Checked
St. Theresa, Hobart	354	342	6	6	....
Burnie High School	476	465	10	1	....
Albuera Street School, Hobart	462	440	16	5	1
Goodwood School, Hobart	478	467	6	5	....
Glenorchy School Hobart	950	929	16	5	....
G. V. Brooks School Hobart	457	404	17	8	28
	3,177	3,047	71	30	29

TABLE 24.

Mass X-Ray.

	Hobart	Launceston	Mobile	Total
Total number of micro films	44,689	24,092	48,465	117,246
Total number of large films required	564	307	725	1,596
Total number of large films taken	952	305	721	1,978
(*a*) Normal (All Units)	....	....	....	1,206
(*b*) Abnormal (All Units)	....	....	....	772
(*c*) Referred for further investigation to—				
(i) Chest clinic	98	45	118	261
(ii) Private practitioner	146	15	80	241
(*d*) Films not requiring further attention and others pending	198	185	56	439
Diagnosis made—	Minimal	Moderately Advanced	Advanced	Total
(*a*) Active tuberculosis	20	31	4	55
	Hobart	Launceston	Mobile	Total
(*b*) Inactive tuberculosis	74	9	25	108
(*c*) Still under observation	134	39	102	275

TABLE 25.

Statement showing the number of persons X-rayed on the Hobart, Mobile No. 1, Mobile No. 2, Launceston and Royal Hobart Hospitals X-ray units from the date of commencement until the 30th June, 1960:—

	Hobart Unit	Mobile No. 1 Unit	Mobile No. 2 Unit	Royal Hobart Hospital Unit	Launceston X-Ray Unit
Prior to 1955	254,324	257,416	5,162	3,359	70,204
1955	35,158	42,337	3,132	12,087	24,728
1956	36,107	39,621	11,505	8,903	23,224
1957	38,660	40,710	5,368	9,322	23,527
1958	37,287	47,261	5,107	8,433	22,740
1959	40,416	45,638	1,693	6,708	25,263
1960	38,999	46,757	1,708	5,690	24,092

Total X-Rayed Since Inception of Campaign.

Hobart	621,852
Mobile No. 1	661,011
Mobile No. 2	37,241
Royal Hobart Hospital Unit	74,266
Launceston Unit	275,729
	1,670,099

Total X-Rayed 1959-60.

Hobart	38,999
Mobile No. 1	46,757
Mobile No. 2	1,708
Royal Hobart Hospital Unit	5,690
Launceston Unit	24,092
	117,246

JAMES TREMAYNE, M.B. (Syd.), M.R.A.C.P., Director of Tuberculosis.

Report of the Division of Mental Health for the Year Ended 30th June, 1960

Psychiatric treatment is often lengthy and expensive. Adequate treatment by private practitioners or in private psychiatric hospitals is out of the reach of the majority of patients. A psychiatric service must therefore be provided by the State to meet the needs of the community.

It is the function of this Division to provide such a service.

It is considered that the needs of the people of Tasmania can best be met by:—

(1) Special psychiatric hospitals and related institutions.

(2) Facilities for the treatment of minor psychiatric disorders in all parts of the State.

A State-wide psychiatric service, with facilities for the treatment of mental disorders in the earliest stages, would undoubtedly diminish the the number of people requiring hospitalisation. This would alleviate much misery and suffering. Moreover, it is much cheaper to treat people in their own homes than to treat them in hospital.

The main psychiatric hospitals have been established at New Norfolk.

It is believed that a State-wide clinical service can best be provided by the employment of psychiatrists at provincial centres and the utilization of the facilities provided by General Hospitals.

In addition, certain other services are badly needed. They are:—

(1) Psychiatric units at the Royal Hobart and Launceston General Hospitals.

(2) A residential unit for the diagnosis and treatment of severe psychiatric disorders in children—this could well be a part of a psychiatric unit at the Royal Hobart Hospital.

(3) A non-residential psychiatric clinic for children (child guidance clinic).

(4) Day centres for the minding, training and employment (in sheltered workshops) of mentally handicapped persons, from infancy to old age.

EXISTING SERVICES.

1. *The Lachlan Park Hospital, New Norfolk.*

The rebuilding of this hospital is proceeding. Seven modern wards, boiler-house, laundry, kitchen, store and artisans workshops have been built and occupied. A new nurses home is under construction. Much more remains to be done.

2. *The Government Institution for Defectives, New Norfolk.*

Mentally subnormal patients are gradually being transferred from the mental hospital to this institution, which is expanding into some wards of the old mental hospital.

3. *Millbrook Psychopathic Hospital, New Norfolk.*

This centre for the treatment of neuroses and minor psychoses continues to provide a valuable service.

4. *Psychiatric Clinics at General Hospitals.*

Four sessions per week are provided by Divisional psychiatrists at the Royal Hobart Hospital psychiatric out-patient clinic. Psychiatric in-patients are under the charge of Divisional psychiatrists.

The Director of Mental Health visits the Launceston, Mersey and Burnie General Hospitals every second month to conduct out-patient clinics and to see cases in the wards on request.

5. *Headquarters Clinic.*

Cases seen are referred by the Courts, the Gaol, other Government Departments both State and Commonwealth and by other branches of the Department of Health Services. In addition the work of the State Psychological Clinic (established by the Mental Deficiency Act) is carried out by the headquarters professional staff.

6. *The Government Institution for Defectives, Launceston ("Nelumie").*

This hostel for the rehabilitation of high grade female defectives is most valuable.

7. *The Government Institution for Defectives at St. John's Park.*

This institution does not come under the control of this Division but it houses about 100 certified mental defectives.

SHORTCOMINGS.

1. Three positions of psychiatrist have been created for the North and North-west. They are still vacant. The occasional visits of the Director of Mental Health to Launceston, Devonport and Burnie are quite inadequate.

2. There are no proper psychiatric units at any general hospital. Almost all patients requiring only temporary hospitalisation must be sent to New Norfolk.

3. The medical staffing position at the Lachlan Park Hospital is still well below the minimum requirements for adequate treatment. Nevertheless there has been a considerable improvement. Present medical staff for 800 patients consists of the Medical Superintendent, two Psychiatrists and two Medical Officers.

There is still a serious shortage of nurses, both trained and trainee, especially of female nurses.

4. There is no Psychiatric Clinic for Children (generally called Child Guidance Clinic) in Tasmania. A very small amount of Child Guidance work is done by members of the headquarters clinic. This is quite unsatisfactory and the lack of an established Clinic for Children is a grave defect in the community service.

5. There is no residential unit for the study, diagnosis and treatment of the major mental disturbances of children.

6. There are no day centres for the care and employment of the mentally handicapped who are living in the community, e.g. day-minding and training centres for subnormal children, sheltered workshops for adults, &c.

7. There are inadequate facilities for the detention and for the rehabilitation of the feeble-minded who are under the control of the Mental Deficiency Board.

8. The laws relating to the detention of the mentally ill and the mentally defective are obsolete and cumbersome. New legislation is at present under consideration.

PERSONNEL.

Psychiatrists.

There is a Public Service establishment of nine (9) psychiatrists. The present strength is only four (4).

Psychologists.

The position of psychologist at the Lachlan Park Hospital has been filled.

There is one vacancy on the headquarters staff; there are two on strength.

Psychiatric Social Workers.

The positions of psychiatric social worker at Launceston and at the Lachlan Park Hospital are vacant. There are three psychiatric social workers on strength at the headquarters clinic.

Welfare Officer.

A welfare officer has been appointed to the headquarters strength. He has been most valuable in the supervision of feebleminded persons living in the community.

Administration.

Certain changes in the administration of the Lachlan Park Hospital have been made with a view to enabling the Medical Superintendent to give more attention to his medical and psychiatric duties.

CONCLUSION.

Psychiatry has in the past been the "Cinderella" of the medical services. This state of affairs has changed in recent years.

Certain psychiatric services which are now normally found in most civilized communities are entirely lacking in Tasmania.

Until our major shortcomings have been rectified we cannot compare favourably with the more enlightened States, on the mainland or overseas.

Appended are reports of special branches and statistical tables.

J. R. V. FOXTON,
Director of Mental Health.

REPORT OF SENIOR PSYCHOLOGIST.

The roles which are suited to the psychologist's training as applied to mental health are (1) diagnosis, (2) counselling and psychotherapy, (3) research, (4) education. Much of the psychologist's time is spent in diagnosis and guidance but the recent addition of a second staff member who is interested in research has resulted in specific projects getting under way. Consultative work with allied workers has continued, and psychological services remain available to other Government agencies such as the probation services, the Child Welfare Department, and to private institutions and voluntary organisations such as the Marriage Guidance Council. Educative services have been maintained through talks to clubs and groups. Considerable formal educative work is done outside office hours. Much informal work is done in the course of duty in a continuing attempt to break down the persisting problem of public attitude towards mental health matters in general.

Examinations under the Mental Deficiency Act and the Sexual Offenders Act have been carried out, as have general psychological assessments requested by both the Children's and Adult Courts.

It is of interest to note that a psychologist has been appointed to the Lachlan Park Hospital. There remains the need to develop services on a regional basis (e.g. North and North-east, and North-west) as effective case work is difficult when the psychologist is not based in the community he serves.

Staffing seems likely to remain a problem since the demand for competent qualified psychologists is greater than the supply. The increased use of the profession in more autonomous settings such as are found in industry, commerce, and the universities is contributing to the problem. Further, certain personal qualities are imperative for successful work in the clinical field and mainland States offer more attractive working conditions.

The practical solutions to this problem seem to be—

(1) to accept suitable local graduates who are domestically content here for in-service training;

(2) to attract competent psychologists from the mainland and overseas with improved working conditions.

Even if both these solutions are adopted the long term staff situation will improve only when the professional role of the psychologist receives greater recognition. This in turn is dependent on education of the public and workers in related fields, together with a demonstration of competence and utility by psychologists.

REPORT OF PSYCHIATRIC SOCIAL WORK AND WELFARE SECTION.

In the period under review the staffing of this section has again undergone changes. In July the psychiatric social worker stationed at Lachlan Park Hospital joined the staff of the Division of Mental Health in Hobart, and at the time of this report the vacancy caused by her transfer has not been filled. The psychiatric social worker at the Launceston office of the Division resigned at the end of November, and this position, together with a fourth one in Hobart, has still to be filled.

With the psychiatric social worker strength reduced to only fifty per cent of the present maximum establishment, caseloads have been heavy, and it has been virtually impossible to undertake anything in the nature of intensive casework. The situation in the North, North-east and North-west has been particularly difficult, in that much of the work opened up when the Northern office was staffed full-time has had to be added to the caseload of the one psychiatric social worker now travelling from Hobart to other parts of the State. In addition, work in this area with Lachlan Park Hospital and Millbrook Rise patients and their relatives has had to be included in the caseload of the same one worker. The staffing of the Northern office, though this was done by only one member of the full team and for something less than a year, has made it very clear that the present arrangement touches only the fringe of the work there.

It becomes increasingly clear that every effort must be made to fill vacant positions, and for this to be done workers will almost certainly have to be recruited from the United Kingdom, as has been done in the past, since the supply of trained psychiatric social workers in Australia is strictly limited.

For some time it has been felt that welfare work with selected mental defectives could be carried out under supervision by an officer who is not a trained psychiatric social worker. A recommendation to this effect was accepted, and a position created for a welfare officer to work specifically with male mental defectives in Hobart and the surrounding district. A welfare officer, who is studying relevant subjects in his degree course of the University of Tasmania, took up duties in the Division at the end of March, 1960, and has relieved psychiatric social workers of routine duties with many male defectives. Already the value of this appointment is being demonstrated, with the possibilities it brings for intensified work with individuals, and it may be expected that future years will show a greater social rehabilitation percentage than in the past.

In addition to routine investigations involving home visits and interviews with relatives, guardians, employers and pensions officials, the welfare officer has begun work on a systematic programme which aims at establishing contact with defectives while still in institutions. In this way it is hoped to minimise the problems connected with re-establishment of individuals in the community.

The duties of the psychiatric social workers have again involved compilation of social histories for diagnostic purposes; casework with patients and their relatives; frequent contact with other agencies, follow-up work with patients discharged from Lachlan Park Hospital and Millbrook Rise, and with their relatives during the patient's stay in hospital; assistance at psychiatric clinics at the Royal Hobart Hospital; and work with defectives under the care of the Mental Deficiency Board.

Meetings of the Official Visitors at Lachlan Park Hospital have regularly been attended by a psychiatric social worker, and another worker has served as a member of the Mental Deficiency Board.

Work with the patients' club at Lachlan Park has been continued by the worker transferred from the hospital to the Division in Hobart. This has meant a loss in time through travelling to and from New Norfolk, but it has been felt that the resocialising influence of club activities warranted their continuance. The worker concerned reports increased numbers in the club, and the development of a noticeable sense of responsibility on the part of some members towards others less well than themselves. She has made several suggestions for a more effective functioning of the club, and has commented that the possibility of division into a number of smaller units serving specific needs should be considered.

Lectures have been undertaken at the Mothercraft Home with two categories of trainee. The senior psychiatric social worker gave a series of four lectures to mothercraft trainees on "The Emotional Needs of Mothers and Babies", while another psychiatric social worker provided a series of six lectures to two separate groups of double-certificated nurses undergoing training for their Child Welfare Certificate. Two of these in each series dealt with the art of interviewing, with specific reference to advice to mothers on family budgetting, and four were concerned with the emotional development of children. In Launceston lectures on the art of interviewing were provided for Marriage Guidance Counsellor training, and role playing sessions were organised and conducted with trainees.

The senior psychiatric social worker has become a member of the Training and Selection Sub-committee of the Marriage Guidance Council, and assisted at the recent selection day in Hobart. All workers have been available as required for discussion and consultation with counsellors.

Other contributions to community education have been made through talks to various community groups.

ANNUAL STATISTICS

DIVISION OF MENTAL HEALTH 1959-60.

State Psychological Clinic.

Psychological Examinations and Therapeutic Sessions.

Place	Number of Attendances.
Hobart	428
Launceston	10
New Norfolk	4
Devonport	3
Burnie	4
Ashley Home for Boys and Wybra Hall	50
Other	1
	500
Psychiatric Examinations and Therapeutic Sessions	533
Total attendances	1,033

State Psychological Clinic.

New Cases Only.

	Male	Female	Total
Psychological Examinations	43	11	54
Psychiatric Examinations	89	34	123
Total new cases seen	....	....	177
Included in the above are—			
Referrals by gaol, court, police &c.	32	7	39
Referrals by Ashley and Wybra	14	....	14
Ascertained Certifiable under Mental Deficiency Act	9	2	11

The above figures refer to the primary examination only. Many cases were seen first by a psychologist and later by a psychiatrist.

Mental Deficiency Board.

Table showing number of certified mental defectives under the control of the Board and how they are placed.

	Male	Female	Total
Government Institutions for Defectives—			
New Norfolk	93	2	95
St. John's Park	45	34	79
Nelumie (Launceston)	....	10	10
Other Institutions—			
Convent of the Good Shepherd	....	25	25
Salvation Army Homes	....	10	10
Lachlan Park Hospital	7	3	10
In the Community—			
(*a*) Under Guardianship	46	50	96
(*b*) Under Supervision	13	7	20
			345

Table showing new and discontinued orders—

	Male	Female	Total
New Placements	4	1	5
Orders Terminated	8	7	15
Orders Lapsed	2	1	3

Outpatient Department Psychiatric Clinics.

Royal Hobart Hospital	Number of Attendances
Dr. Foxton	149
Dr. Williams	337
Dr. Anderson	323
Dr. Weatherley	120
Dr. Pargiter	273
	1,202

Table showing work relating to Mental Defectives by Psychiatric Social Workers and Welfare Officer—

Number of home visits	202
Number of other visits in connection with cases	114
Number of office interviews with patients, relatives and others	240
Number of other interviews, casework contacts, &c., with patients, relatives and others	344

STATISTICS.

PSYCHIATRIC SOCIAL WORK SECTION.

1st July, 1959, *to* 30*th June*, 1960.

Number of cases on which work undertaken	637
Number of homes visited	271
Number of patients visited in institutions	60
Number of home visits	413
Number of other visits in connection with cases	196
Number of office interviews with patients, relatives and others	777
Number of other interviews, casework contacts, &c. with patients, relatives and others	1,193
Number of cases on which contact was made with outside agencies, individuals, &c.	369
Number of cases on which one or more relatives interviewed	368
Number of visits paid, interviews conducted, &c. outside base towns	489
Number of visits to Lachlan Park and Millbrook Rise	111
Number of clinics attended at Royal Hobart Hospital	70
Number of sessions conducted for Lachlan Park Patients' Club	95
Number of meetings (Official Visitors, Mental Deficiency Board, &c. attended	20
Number of lectures to trainees	20

REPORT OF THE MENTAL DEFICIENCY BOARD TO THE MINISTER FOR HEALTH FOR THE YEAR ENDED 30th JUNE, 1960.

The Board met on 14 occasions. Attendance at meetings was as follows:—

Dr. R. Foxton	5/6
Professor J. Cardno	14/14
Dr. A. le Souef	13/13
Mr. R. McCulloch	10/14
Miss Lockley	11/14
Dr. D. Anderson	4/6

Meetings were held in Hobart and at the Board's institutions; two meetings being held at each, viz., St. John's Park, New Town; New Norfolk, and Launceston.

The year began with 351 defectives under the Board's control and ended with 345, a drop of 6.

The greatest need continues to be for a male "hostel" type institution in the Hobart area for the final rehabilitation of those who have become socially well adjusted and, with help, could become independent.

The services of Mrs. Hudspeth, psychiatric social worker at Launceston, have been lost to the Board with her retirement from the Division of Mental Health. The lack of an officer in the North of the State is a very considerable handicap in supervising defectives who are living in the community in this area.

The position of Welfare Officer mentioned in last year's report has been filled and this has enabled greater help and supervision to be given to defectives living in the community in the South and to their job placement.

The new Institution for Defectives at St. John's Park is almost ready for occupation. Difficulty is being experienced in housing the mentally defective in other parts of St. John's Park. It is hoped that future improvements, renovations and additions to the Government Institution for Defectives at New Norfolk will ease the problems of the Superintendent of St. John's Park.

The Board's business and the administration of the Board's institutions continues to be carried out by the Mental Health Division of the Department of Health Services.

Statistical tables are appended.

J. R. V. FOXTON,
Chairman.

REPORT OF LACHLAN PARK HOSPITAL, NEW NORFOLK, FOR THE YEAR ENDED 30th JUNE, 1960.

Great progress has been made over the past year in developing the Hospital, not only for the benefit of the patients but also for the benefit of staff working conditions to some extent. We are now in the happy position of having seven new wards fully occupied in the new hospital, and this fact alone has lifted the morale of patients and staff alike, who find conditions infinitely better than was originally the case. Three of our old wards have been completely closed down and it is hoped before long that two or three others will be closed completely, and patients transferred to the new hospital area.

The new nurses' home is well under way and will prove a most valuable acquisition, by way of providing much better conditions for female nursing staff when off duty. The whole tempo of the hospital has increased quite markedly over the past twelve months and we hope for similar improvements to take place in the ensuing twelve months.

Our medical staff now consists of two (2) Psychiatrists, with vacancies for two (2) more, together with two (2) Medical Officers, with two vacancies in this category also. This places the hospital in a better position than it has ever been before. Our main concern now is the acquisition of trained nursing staff to work with the medical staff. In this respect we are again fortunate in having a Nursing School, which, working under a "block" system of training, will be able to train qualified nurses of a high standard in the minimum period.

In relation to the increase of Tasmanian population by approximately 11,000 over the past year, it will be seen from Table 26 that increase of patients in Hospital on the 30th June, 1960, shows a very reasonable increase of approximately 33 over the previous year. Extensive use of tranquilising drugs, is, I feel, largely responsible for this state of affairs, in association with the out-patient clinics at the Royal Hobart Hospital and also the treatment of out-patients at this Hospital. The average cost per head per day has risen slightly in comparison to the increased cost of living and the improved standard of food over the past twelve months.

Administrative Aspects.

The boiler house is the centre and heart of all hospital functioning and upon it depends the effective running of the kitchen, laundry, ward heating, &c. Extensive alterations have been found to be necessary in the boiler house over

the past year and the Hospital Services Engineer, together with the Hospital Manager, has found it necessary to maintain contact with firms on the Mainland, for specialist consultation in relation to various aspects of steam production. Very many problems will have to be solved in relation to steam distribution, disposal of ash, coal handling and many other aspects of this particular section of Hospital activity.

I am satisfied, however, that our present method of dealing with these problems, as they arise, is both adequate and efficient.

Laundry.

The Hospital laundry has also been markedly revolutionised over the past year with the result that, with twelve staff members and thirteen patients, the latter being of various degrees of mental deficiency, the laundry has coped with 84,821 pieces in an average month. This figure includes 4,190 sheets, 305 laundry bags, 438 blankets and 76 towels, processed for the Royal Hobart Hospital, and 2,190 pieces for the Lady Clark Hospital at Claremont. Our dry-cleaning plant has processed, in an average month, 2,198 pieces. We are hoping that in the near future extensions to the present laundry will be provided. These extensions have already been submitted for approval.

Central Kitchen.

The central kitchen is functioning satisfactorily, but we are finding refrigeration space to be inadequate and consequently extra refrigeration will have to be installed in the future. This will be a considerable improvement from every point of view. The hospital food is adequate and palatable, due to the administration being under the direct supervision of the Catering Officer (Mr. Goggin), who works in close association with the State Dietitian (Miss Shoobridge).

Hospital Stores.

The position here is as it was a year ago, the new store being hardly adequate both in size and shape. Our hardware goods are kept in the old store in the old part of the building and our groceries in the new store in the new part of the building. This is hardly an efficient way of running hospital stores.

Transport.

The hospital possesses nine (9) vehicles which are constantly engaged in travelling from one point to another within the hospital grounds. With the destruction of the hospital bridge across the Lachlan Rivulet during the floods our mileage per day has been more than doubled, as vehicles proceeding from the new hospital site to the old hospital site must travel round the Lyell Highway, a distance of 2 miles, which is approximately ¾ of a mile more.

District Hospital.

Requests for work requiring to be done at this Hospital by our artisan staff are carried out under the supervision of the Services Engineer.

Hospital Wards.

The New Wards which are being erected are satisfactory but, nevertheless, the question of supplying steam for hot water and heating is at times fraught with difficulties as the calorifiers in some of the wards are not really adequate, requiring alterations especially in Wards 1 and 2. Wards 3-7 are operating satisfactorily and are working at maximum pressure, giving the ward temperatures of 65-75° Fahrenheit, with the outside temperatures at approximately 45 degrees.

Summary.

The above is an account of some of the activities of Lachlan Park Hospital over the past twelve months. Much has been left out in order to simplify this report. Patients' activities have been stepped up to a marked degree, including such things established as:—

1. Hospital Magazine.
2. Patients' Club.
3. Weekly Sports Afternoon.
4. Concerts by the patients for the patients.
5. Group therapy in wards and many other aspects of Hospital activity.

Conclusion.

My thanks are due to the Hospital staff and particularly to the Hospital Manager and the Services Engineer and subordinates, for their invaluable loyalty and devotion to the task of maintaining this hospital at the highest possible level. In particular I would like to thank the Hospital Auxiliary and especially the Lachlan Park Hospital Auxiliary and the Retarded Children's Association together with the Red Cross for their constant help in furthering the welfare of the patients here.

D. M. ANDERSON,
Medical Superintendent.

TABLE 25.

Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1959-60.

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1959	..	..	..	382	399	781
Admitted for first time	151	29	180	..	..	..
Re-admitted	127	110	237	..	..	..
Returned from trial leave	37	81	118	..	..	..
Total admitted and returned	..	..	..	315	220	535
Total under care during the year	..	..	..	697	619	1,316
Discharged from Hospital	128	82	210			
Proceeded on trial leave	79	153	232	..	..	..
Died	27	33	60	..	..	..
Total off records	..	..	..	234	268	502
Remaining in Hospital on 30/6/60	..	..	..	463	351	814

TABLE 27.

Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1959-60.

	Males	Females	Total	Males	Females	Total
On trial leave on 30th June, 1959	..	..	..	45	70	115
Proceeding on trial leave during year	..	..	..	79	153	232
Total on trial leave during year	..	..	..	124	223	347
Returned to Hospital from trial leave during year	37	81	118	..	..	..
Discharged from trial leave during year	49	71	120	..	..	..
Died whilst on trial leave during year	1	..	..	..	..	..
Total Loss	..	..	..	87	152	239
Remaining on trial leave on 30/6/60	..	..	..	37	71	106

TABLE 28.

Table Showing Manner in which Patients were Admitted during the Year 1959-60.

How Admitted	Males	Females	Total
Private Order	50	78	128
Justice's Order	5	3	8
Magistrate's Order	4	1	5
Voluntary Boarders	119	145	264
Governor's Warrant	1	..	1
Section 13A—Mental Hospitals Act	6	4	10
Inebriates Hospital Act	..	..	..
Prisons Act—Section 18	1	..	1
Returned from trial Leave—1959–60	37	81	118
	223	312	535
First Admission	151	29	180
Second Admission	31	65	96
Third Admission	23	37	60
Fourth Admission	16	32	48
Fifth Admission and over	17	16	33
Returned from trial leave	37	81	118
	275	260	535

TABLE 29.

Table Showing form of Mental Disorder on Admission during 1959-60 *and the form of Mental Disorder of Patients in Hospital on* 30*th June,* 1960.

Form of Mental Disorder	Admissions			Remaining in Hospital		
	Males	Females	Total	Males	Females	Total
A. Congenital Mental Deficiency:						
1. With Epilepsy	6	12	18	39	28	67
2. Without Epilepsy	10	17	27	103	68	171
3. With Schizophrenia	..	8	8	24	14	38
B. Dementias:						
1. Senile	9	22	31	17	22	39
2. Pre-Senile	2	6	8	6	9	15
3. Secondary or Terminal	..	1	1	6	6	12
4. Arteriosclerosis	..	8	8	2	8	10
C. Organic Psychosis:						
1. Gross Brain Lesion	1	1	2	1	1	2
2. Dementia Paralytica	..	..	..	3	2	5
3. Epileptic Psychosis	2	4	6	27	12	39
4. Alcoholic Psychosis	30	7	37	9	12	21
5. Toxic, Confusional or Exhaustive Psychosis	8	19	27	4	11	15
6. Parkinsonism	..	..	..	1	..	1
7. Huntington's Chorea	2	1	3	2	1	3
D. Psychogenic Psychosis:						
1. Manic Depressive Psychosis	9	18	27	18	19	37
2. Involutional Melancholia	1	11	12	5	22	27
3. Schizophrenia (not including A.3)	33	19	52	96	30	126
4. Paraphenia and Paranoid States	13	10	23	33	34	67
5. Paranoia	..	2	2	10	2	12
6. Recurrent Melancholia	13	28	41	10	16	26
E. Psycho-Neurosis:						
1. Psychopathis Personality	3	5	8	3	9	12
2. Anxiety State	45	30	75	44	25	69
3. Hysteria	..	1	1	..	..	..
TOTALS	187	230	417	463	351	814

TABLE 30.

Table Showing Admissions and Re-Admissions, Discharges, Deaths, and the Number of Patients Remaining in Hospital on 30 June, for each of the last 10 years.

Year	Admissions and Re-Admissions			Discharges												Discharged from Trial Leave			Deaths, including Deaths on Trial Leave			Remaining in Hospital on 30th June		
				Recovered			Improved			Unimproved			Total											
	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total
*1950–51 ..	77	113	190	19	21	40	27	14	41	6	6	12	52	41	93	..	..	..	29	43	72	315	367	682
†1951–52 ..	94	101	195	3	1	4	8	5	13	4	4	8	15	10	25	17	31	48	25	18	43	317	393	710
†1952–53 ..	91	107	198	3	1	4	12	6	18	3	2	5	18	9	27	33	21	54	34	39	73	343	407	750
†1953–54 ..	129	102	231	3	1	4	37	11	48	4	2	6	44	16	60	38	54	92	27	48	75	363	408	771
†1954–55 ..	124	101	225	12	5	17	15	10	25	11	4	15	38	19	57	31	35	66	32	41	73	353	407	760
†1955–56 ..	124	100	224	29	19	48	23	9	32	7	1	8	59	29	88	24	45	69	16	41	57	378	388	766
†1956–57 ..	149	121	270	16	11	27	63	33	96	6	2	8	85	46	131	49	41	90	46	43	89	369	382	751
1957–58 ..	219	160	379	4	..	4	130	85	215	14	5	19	148	90	238	31	36	67	36	37	73	382	375	757
1958–59 ..	181	201	382	17	15	32	86	51	137	29	18	47	132	85	217	37	55	92	32	40	72	382	398	780
1959–60 ..	278	139	417	10	15	25	72	53	125	44	16	60	126	84	210	49	71	120	33	27	60	463	351	814

* Figures for 1950–51 include patients admitted from and discharged on Trial Leave.
† Discharges from Hospital and from Trial Leave recorded separately.

TABLE 31.

Table showing the Number of Admissions, Discharges and Deaths for the Year 1959-1960; *the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident.*

(*Patients discharged from Trial Leave are classed as recovered.*)

Admissions									Discharges												Deaths, not including Deaths whilst on Trial Leave		
First Admission			Treated Before			Total New Admissions			Recovered			Improved			Not Improved			Total					
Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total
151	29	180	127	110	237	278	139	417	10	15	25	72	53	125	44	16	60	126	84	210	26	33	59

Recoveries per cent of Total New Admissions			Total Discharges per cent of New Admissions			Average Daily Number Resident			Percentage of Deaths to Average Daily Number Resident		
Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
3.6	10.8	6.0	45.3	60.5	50.3	422.5	375.0	797.5	6.15	8.80	7.39

TABLE 32.

Table Showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the Provisions of the Mental Hospitals Act, and of those that Died, During the Year 1959-60.

Ages	New Admissions			Discharged from the Provisions of the Mental Hospitals Act												Deaths		
				Recovered			Improved			Unimproved			Total					
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 5 years	5	6	11	..	..	..	..	1	1	..	..	..	..	1	1	..	..	..
5 years and under 10 years	4	5	9	..	..	..	2	1	3	2	2	4	4	3	7	..	..	..
10 years and under 15 years	1	3	4	..	..	..	..	3	3	1	1	2	1	4	5	..	..	..
15 years and under 20 years	8	9	17	..	..	..	3	..	3	1	1	2	4	1	5	..	2	2
20 years and under 25 years	16	7	23	2	..	2	6	..	6	3	..	3	11	..	11	..	..	..
25 years and under 30 years	50	12	62	1	3	4	8	4	12	4	1	5	13	8	21	..	..	..
30 years and under 35 years	34	9	43	2	1	3	12	3	15	6	3	9	20	7	27	..	..	..
35 years and under 40 years	48	5	53	..	4	4	14	9	23	..	4	4	14	17	31	..	..	..
40 years and under 45 years	20	12	32	1	..	1	7	3	10	7	1	8	15	4	19	2	..	2
45 years and under 50 years	20	15	35	3	2	5	7	7	14	5	..	5	15	9	24	..	3	3
50 years and under 55 years	33	3	36	1	4	5	7	4	11	2	..	2	10	8	18	2	1	3
55 years and under 60 years	8	15	23	..	1	1	1	6	7	7	2	9	8	9	17	..	2	2
60 years and under 65 years	10	7	17	..	..	..	2	4	6	..	..	..	2	4	6	2	2	4
65 years and under 70 years	7	2	9	..	..	..	1	3	4	4	1	5	5	4	9	3	3	6
70 years and under 75 years	8	12	20	..	..	..	1	1	2	2	..	2	3	1	4	8	4	12
75 years and under 80 years	3	11	14	..	..	..	1	4	5	..	..	..	1	4	5	5	7	12
80 years and under 85 years	2	5	7	..	..	..	..	..	..	..	..	..	..	..	..	4	6	10
85 years and under 90 years	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
90 years and under 95 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
95 years and under 100 years	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Totals	278	139	417	10	15	25	72	53	125	44	16	60	126	84	210	27	33	60

TABLE 33.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the year 1959-60.

Cause of Death	Males	Females	Total	Children under age of 16 years			Grand Total
				Males	Females	Total	
Arteriosclerosis	2	2	4	..	..	..	4
Cerebral Agenesis	2	1	3	..	..	..	3
Cerebral Thrombosis	3	11	14	..	..	..	14
Cerebral Haemorrhage	..	2	2	..	..	..	2
Cerebral Atrophy	2	..	2	..	..	..	2
Coronary Thrombosis	..	1	1	..	..	..	1
Hydrocephalus	..	1	1	..	..	..	1
Myocardial Degeneration	8	7	15	..	..	..	15
Pnuemonia	..	1	1	..	..	..	1
Senility	2	1	3	..	..	..	3
Status Epilepticus	1	..	1	..	..	..	1
Parkinson's Disease	1	..	1	..	..	..	1
Broncho-Pneumonia	5	2	7	..	..	..	7
Uraemia	..	1	1	..	..	..	1
Lobar Pneumonia	..	2	2	..	..	..	2
Died whilst on trial leave	1	..	1	..	..	..	1
	27	33	60	..	..	..	60

TABLE 34.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 31/3/60	183,545	166,098	349,643
Proportion of Patients per 1,000 of population (including patients on trial leave)	2.953	3.034	2.992
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave)	3.650	5.178	4.376
NOTE.—Admissions, not including Voluntary Boarders	67	86	153

TABLE 35.

LACHLAN PARK HOSPITAL.

Financial Statement.

	Year Ended				
	30/6/56	30/6/57	30/6/58	30/6/59	30/6/60
Average Daily Number of Patients	756.74	752.41	750.48	764.23	783.29
Gross Cost for Year	£332,154	£360,371	£400,647	£411,784	£445,304
Fees Received	£9,214	£6,972	£6,581	£12,176	£6,542
Other Revenue	£620	£697	£928	£1,147	£1,675
Gross Cost per Head per Day	23*s*. 11.82*d*.	26*s*. 2.92*d*.	29*s*. 3.12*d*.	29*s*. 6.24*d*.	31*s*. 0.79*d*.
Nett Cost per Head per Day	23*s*. 3.30*d*.	25*s*. 8.66*d*.	28*s*. 8.40*d*.	28*s*. 6.72*d*.	30*s*. 5.91*d*.

REPORT OF MILLBROOK PSYCHOPATHIC HOME FOR THE YEAR ENDED 30th JUNE, 1960.

As will be seen from Table 37, the average daily number of patients has increased slightly over the previous year. At the time of writing there is actually a further slight increase. The small increase in cost per head per day has been due to the increase in cost of living, together with salary increases. I would like to point out at this stage that the functioning of Millbrook is quite different from that of a General Mental Hospital. Treatment at Millbrook is essentially individual in its application and this is very time consuming.

Secondly, if we are going to fill Millbrook to the extent of, say, 40 patients, a second Psychiatrist will most certainly be needed to cope with the extra numbers. I think this point should be borne in mind as future policy, as here again accommodation for extra medical staff would be a problem.

Water Supply.

The water supply to Millbrook has now vastly improved and, with the installation of a new Council main, we do not envisage any further trouble in the coming summer.

I would like to thank the Chairman and other members of the Millbrook Home Board for their constant interest in the running of this Home and for the humane approach to the various little domestic troubles that arise from time to time, and also extend my thanks to the Red Cross Association and to those others who have helped so much in the efficient running of Millbrook.

D. M. ANDERSON, Medical Superintendent.

TABLE 36.
MILLBROOK PSYCHOPATOIC HOME.

	Males	Females	Total
Anxiety State	18	35	53
Melancholic and Depressive States	21	42	63
Hysteria	2	16	18
Schizophrenia and Schizoid States	20	10	30
Paraphrenia and Paranoid States	9	2	11
Manic Depressive Psychosis	..	2	2
Alcoholism	3	1	4
Obsessional States	1	..	1
Senile and Pre-senile Dementias	3	7	10
Gross Brain Lesion	3	..	3
Psychopath	5	2	7
Not Diagnosed	..	..	..
Total Admissions During Year	85	117	202

TABLE 37.
MILLBROOK PSYCHOPATHIC HOME.
Financial Statement.

	Year Ended				
	30/6/56	30/6/57	30/6/58	30/6/59	30/6/60
Average Daily Number of Patients	21.81	20.21	19.73	16.49	17.31
Gross Cost for Year	£26,298	£25,237	£25,908	£25,855	£27,100
Fees Received	£9,874	£13,740	£14,336	£14,857	£13,029
Other Revenue	..	..	..	..	..
Gross Cost per Head per Day	65*s.* 10.82*d.*	68*s.* 4.60*d.*	71*s.* 11.16*d.*	85*s.* 10.97*d.*	85*s.* 6.36*d.*
Nett Cost per Head per Day	41*s.* 1.89*d.*	31*s.* 1.48*d.*	32*s.* 1.68*d.*	36*s.* 6.48*d.*	44*s.* 3.01*d.*

TABLE 38.
GOVERNMENT INSTITUTION FOR MENTAL DEFECTIVES.
Financial Statement.

	Year Ended				
	30/6/56	30/6/57	30/6/58	30/6/59	30/6/60
Average Daily Number of Patients	49.95	46.29	40.78	47.79	43.18
Gross Cost for Year	£21,036	£22,177	£21,777	£25,756	£24,548
Fees Received	£3,826	£3,838	£2,423	£4,903	£4,172
Other Revenue	..	..	..	..	..
Gross Cost per Head per Day	23*s.* 11.82*d.*	26*s.* 2.92*d.*	29*s.* 3.12*d.*	29*s.* 6.24*d.*	31*s.* 0.79*d.*
Nett Cost per Head per Day	..	..	..	..	25*s.* 9.43*d.*

L. G. SHEA, Government Printer, Tasmania.